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The Time and Place of Meeting

All night long the great engine had pulled the heavy westbound train upgrade, and at dawn we were into the foothills. All along the western horizon, sharply outlined against the sky, was the towering rampart of the Canadian Rockies—purple, rose, and silver in the first rays of the rising sun. The West was clad in green this year, and once more there was blue water in the prairie sloughs. The young wheat stood in serried rows, the cattle and horses on the ranges looked sturdy and strong. For nine long years of pitiless drouth the people of the West have said: "Next year there will be a crop". In faith and hope they trust that this year, of all others, seedtime and harvest may not fail.

In Calgary the altitude is nearly 3500 feet and this, combined with a typical Alberta welcome, has an exhilarating effect upon those who come from sea level and from the prairies. Even the more conservative inhabitants of Ontario and Quebec lose a few of their inhibitions and catch something of the spirit of the West.

The president of the Alberta Association of Registered Nurses, Miss Rae Chittick, has already told us in the pages of the *Journal* that long before the white man came, the Indians chose the "swift running water" at Calgary as a place of happy meeting—"good for the making of bows and arrows and for the transaction of business affairs". And so, indeed, it proved to be; although, because the sessions were held in the shadow of the capitulation of France, there was a deep and sorrowful realization of the peril in which our British Commonwealth of Nations stands.

Nevertheless, the Canadian Nurses Association went about its work with calmness and courage, and rose to the level of its great destiny as never before. There had been quite justifiable

doubt about the wisdom of holding the biennial meeting at all, but as soon as the sessions got under way it vanished like a mountain mist. The Provinces spoke freely with one another—British Columbia and Ontario, Quebec and Alberta, Manitoba and Nova Scotia, Prince Edward Island and Saskatchewan. Regional differences of opinion were ironed out, new ideas were exchanged as from sea to sea, over the mountains and the prairies, Canadian nurses took counsel together.

Our national President, Miss Grace M. Fairley, struck the dominant chord in her opening address when she told us that the duty of the Canadian Nurses Association is both to accept and to give strong leadership. Of Miss Fairley herself it may truly be said that she set an excellent example of the firmness, tact, charm, and humour with which such leadership should be tempered if it is to prevail.

The Honourary Secretary (on tha left) confers with the Second Vice-President and the President.

The high standard of discussion set in previous years was well maintained. The various points at issue were clearly formulated and debate, especially from the floor of the house, was both lively and good tempered. Six out of the nine presidents of Provincial Associations were present for the first time in that responsible capacity at a national biennial meeting. All of them made a notable contribution, as did the veterans from Saskatchewan and Nova Scotia. Five provincial registrars were in attendance and were much in demand particularly when precise information was required.

This meeting, like all others of its kind, was coloured and permeated by the spirit of the place in which it was held. The nurses of Alberta, and especially those who live and work in Calgary, left nothing undone which would add to the comfort and happiness of their guests. At the first evening session, a hearty welcome was extended on behalf of the Province of Alberta by Dr. G. F. McNally and Dr. Malcolm Bow. The Alberta Medical Association was ably represented by Dr. George Johnson and Dr. J. M. McEachern; and His Worship, the Mayor (Mr. Andrew Davison) gave us the freedom of the city of Calgary. It was satisfying to note that all these gentlemen showed a deep understanding of what nursing service means in times like these. They did us the honour of speaking to us as responsible and useful members of the community, and there was a refreshing absence of the usual flattering platitudes.

The same note was struck by Mrs. Rex Eaton during the course of her

masterly address, entitled "The lay woman looks in", the full text of which will appear in the next issue of the *Journal*. Mrs. Eaton is one of many outstanding women who have been touched and stimulated by close contact with nurses working in the hospital field. There was no tinge of patronage in her commonsense approach, and she did not make the mistake of assuming a professional knowledge which no lay woman can possess. On the other hand, she knows more about some of our problems than we do ourselves as you will see when you read your September *Journal*.

The ceremony of the award of the Mary Agnes Snively Memorial Medal took place during this session, and Miss Fairley gave a vivid word picture of Miss Snively as a woman. The medal awarded to Miss Kathleen Russell was accepted in her absence by Miss Jean E. Browne. A religious Sister, who is a member of the Community of the Hotel-Dieu of St. Joseph of Montreal, represented the Reverend Mother Allard, and received the medal in her name. The medal was also awarded to Ethel Johns.

On the following morning, the National Committee on Education went into action when Marion Lindeburgh presented the Supplement to the Proposed Curriculum. This Supplement deals specifically with the improvement on nursing education in the clinical field, and will be dealt with at length in the September issue. Mention should be made of the genuine enthusiasm and profound gratitude which marked the acceptance of this valuable and timely addition to the splendid achievement already attained by Miss Lindeburgh. She was accorded a standing vote of thanks, and must have been touched by the sincere and spontaneous response to her unselfish and untiring efforts on behalf of nursing education in Canada.

The President of the Alberta Association of Registered Nurses.

The discussion of the Supplement was shared by Margaret Kerr, chairman of the Public Health Section; Margaret Teulon, chairman of the Private Duty Section; and Agnes Macleod, chairman of the Nursing Education Section. Stimulating comments were made by Gertrude Hall, and Helen Peters drew all the threads together in an expert summary. The outstanding feature of this session was that it demonstrated the usefulness and competence of the National Committee on Education. The contributions made by representatives of all branches of nursing practice dovetailed into one another admirably. Here was proof that the direction of the education of nurses is not the exclusive prerogative of a single group but must be shared by the leaders in every field of nursing practice.

The afternoon was devoted to the discussion of a number of important reports the text of which will be included

in the September issue. The usual dinner session took place in the evening at which Dr. A. Vibert Douglas, Dean of Women at Queen's University, was the speaker. The significance of her "threefold challenge" touched the heart and fired the imagination of everyone who heard it. The charm and humour of this discourse served as an admirable foil to its erudition and profound understanding of human values. The breathless attention with which the large audience followed this masterly address was in itself profoundly moving. Needless to say, the full text will appear next month.

At every Biennial Meeting there is always one session which, either by accident or design, transcends all others. This came on Thursday afternoon when the nature of our contribution to Canada's National War effort was decided upon. The very air was electric, and the quietness and restraint of the audience lent dignity to the proceedings. Five hundred and thirty-three registered delegates were present, and the voting provincial representatives occupied the front seats. The action taken can best be described by quoting from the recommendations which were unanimously adopted:

1. *A Statement of Loyalty and Proffered Service*:

That a letter be sent from this Meeting to the Prime Minister of Canada reiterating our pledge of loyalty and service as contained in the letter addressed to him by our President on December 7, 1939, expressing our realization of the great need at this time and stating that we, as an organization, stand ready to respond to any call for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

2. *A gift to the Government of Canada*:

That the Canadian Nurses Association shall present to the Government of Canada three Surgical Units, at a total cost of $4500. (A surgical unit consists of an operating table, instruments and sterilizer for mobile use in the field).

3. *Investment in War Bonds*:

That all surplus funds of the Canadian Nurses Association be invested in War Bonds.

Measures were also taken in connection with nursing service as related to Air Raid Precautions, Civilian Protection, and Home Defence.

The round table conducted by Kathleen W. Ellis dealing with the question of the eight-hour day for nurses proved to be exceptionally stimulating and in-

Sisters of the Hotel-Dieu, Montreal, who received the Snively Medal on behalf of Rev. Mother Allard.

teresting. The proceedings will be fully reported upon in a later issue, but immediate mention should be made of the conviction expressed by many who contributed to the discussion that even in these days of stress and strain the consideration of reasonable hours ought not to be shelved. Dr. Andrew F. Anderson was present in his official capacity as representative of the Canadian Hospital Council and made a forceful appeal for a commonsense approach to the whole question. His words carried great weight because, thanks to his unwavering support, an eight-hour day for student nurses was put into operation in 1938 in the Royal Alexandra Hospital, Edmonton—a progressive institution of which Dr. Anderson is himself the very efficient Medical Superintendent. The nurses of Alberta look upon Dr. Anderson as being genuinely interested in the welfare and the activities of the nursing profession, and yet another reason for their pride in him is that he is an enthusiastic curler, and is president of the Dominion Curling Association.

In spite of the war, the work of the Nightingale Memorial Committee of the Canadian Nurses Association continues to receive sympathy and support and an address prepared by Bianca Beyer, one of Canada's "Old Internationals", told of the happy year she spent at Bedford College and International House. This vivid story of how the nurses of many countries worked and played together took on an added poignancy when it was followed by a beautiful and richly coloured moving picture, made and presented by Miss Claribel McCorquodale, also an "Old International". As one familiar British or European landmark succeeded another, one wondered whether already it might not be laid waste. But at the very end, we were shown the glory of the Canadian autumn forests, blazing in scarlet and gold, against a deep blue sky. The memory of that landscape remains with us as a sign that peace and beauty have not vanished from the earth.

Members of the Nursing Staff of Grace Hospital, Winnipeg.

The next morning was devoted to the presentation of reports from the nine Provincial Associations of Registered Nurses, summaries of which will be published in due course as will the reports of the activities of the three National Sections. In the afternoon it seemed natural to revert to the consideration of "nurses and nursing at home and abroad in time of war." Excellent addresses were delivered by Miss F. C. Munroe and Miss Edna Moore both of whom served overseas during the last war. Actual experience of military nursing, as well as their outstanding achievement as leaders in the hospital and the public health field, qualifies both

women to offer the leadership which is so necessary at this critical juncture. Already we are obliged to cope with certain emergencies which they predicted would soon be upon us. For this reason, both these addresses are published in this issue of the *Journal* and deserve most careful attention. The content of these addresses was ably commented upon by Miss Mary McCuaig and Miss J. A. Connal.

To those who read this narrative, we have tried to convey something of the atmosphere in which all these important sessions were held. There is, however, another line of communication so direct and so vibrant that it pierces the mind like an arrow. At a luncheon meeting held under the auspices of the Public Health Section, an address was made by Dr. E. P. Scarlett. Turn to it and read it now. It will give you our Watchword for the ordeal through which each and every one of us must pass—"Till the barrage lifts".

—E. J.

"Till the Barrage Lifts!"

E. P. Scarlett, M.D.

My first task must be to add my voice to the welcome which you have received in Calgary. The city of Calgary was named by Colonel Macleod after his home place in the Hebrides. Our city is not as misty nor as rainy as its original and its scenery has not the solemn grandeur of Mull or Skye, but its spirit as reflected in its history and the record of its citizens, has something of that which animated the noble breed which came from "the lone shieling of the misty island". And Calgary hospitality has tried not to fall short of its great example—the hospitality of the Scots Highlanders. I know that such hospitality has been your lot during your stay here.

Of course some of you may have some reservations with regard to Alberta. I am sure that you have come here with a sense of curiosity—what sort of place this is and what strange breed of people inhabit these parts. To you it is a land of strange peoples, and a province which cannot help gravitating to the front-page headlines. A friend of mine in Ontario once told me that when an Albertan looked him up and down he was sure that he was wondering how his (the Easterner's) hide would look stretched on a fence. To British Columbians we are "the prairie people"; to Maritimers, a rash people who live away out beyond the West.

I must leave you to make up your minds for yourself. Let me remind you, however, that Alberta is no longer the Old West. In spite of Stampede talk, that era closed with the death of the famous Bob Edwards, of 'The Eye Opener' fame. This modern Alberta is a province of amazing contrasts in people and scenery; vigorous but rather

confused at times; above all else, incalculable. There was a time, in the earlier days of the oil field development, when we were like the Israelites of old. On a day when the Chinook blew under its dome of cloud across the Western sky, and at night when the great reflected glow of the oil-field flares flamed in the southern sky, we literally had a pillar of cloud by day and a pillar of fire by night. But unlike the Israelites we have never reached the Promised Land. While it lasted, however, it was a symbol and a sign—and the end of the story has not yet been written.

Now to get on with what I have to say to you. First of all, concerning nursing and your association. I propose to say very little about your problems of nursing organization because I lack the qualifications and knowledge and it is properly for you to speak on such matters. I will say this—quite sincerely—that my own profession has not been as helpful to you in your problems as it might have been. I never cease to marvel at the long-suffering and moderation of nurses—individually and collectively. You don't make nearly enough of a row about some matters. That is the only way to get medical men to listen. For, after all, they are men and you as nurses ought to know what men are. I have always felt that it is one of the assets of your education. Someone once said of Talleyrand: "If that man is not a villain, then the Almighty does not write with a legible hand". You have a unique opportunity to get the closest kind of a view of the Almighty's writing in both men and women. You should, as a result, know what to do with men. Apply it then in the way you approach the medical profession.

Of course when you come to think of it, the relation between our two professions, between doctors and nurses, is really an amazing one. An Irishman once said in referring to certain people that they fought bitter and regular, like man and wife. Well, we nurses and doctors have got beyond that stage of married life. And we have done it under the influence of the traditions of medicine and loyalty to its way of life. And you know that medicine is an extraordinarily difficult thing for the outsider to understand. It does not wear its heart on its sleeve. It is a bundle of paradoxes. It is most terribly stupid at times, and yet it goes on serving reason in its laboratories. It has many sacred things which it loves to make light of. Service in its ranks is an honourable bondage. It has produced the mutual respect which exists between doctor and nurse.

I do not think that it is too presumptuous if I remind you that the assets of a nurse's education and the qualities which such training instils are those qualities most badly needed in the world at the present moment. Added to the resources which you have as women and which are denied to men, these are a shrewd sense of reality and the practical; a sense of the value and virtue of work; a sense of discipline, and with it courage; a sense of humour (invaluable asset), ability to suffer fools gladly; initiative and adaptability—the warrants-royal of the practical nurse. And finally nursing has built for each of you an arch of idealism. I have always felt that a nurse's training (and for that matter the same is true of medical training) will make a young woman either an idealist or just a calculating rather cynical machine. It is such idealism and the loyalties grounded in experience that we need today.

That leads me to the other matter about which I wish to speak—the time and the crisis of the moment. There is

really only one thought in our minds these days, and that is the great struggle in which we as a nation are engaged. I almost feel like apologizing for talking of anything else. I shall be brief in what I have to say in this connection, for this is no time for talk. I often think that in the past we have been betrayed by words as much as our enemies. In a democracy we are apt to go on thinking and talking and doing very little. The danger is that we shall keep on doing so. However we may have talked, time and events have made many things clear—nakedly clear—we are fighting for our existence. At the same time we are fighting for something far more important that our lives—we are fighting to save civilization and its values, values which lie at the heart of medical art and practice—respect for the individual, humanity, regard for intellectual integrity In our fight for self-preservation we are also fighting for a whole way of life, for decency and for fair play. This is the moral imperative and our dynamic in the struggle.

The dreadful spectacle which confronts us is the result of the gradual disintegration over years of the stern virtues which sustain civilized life. You will be interested I think in this prophecy made by the great German poet and writer, Heinrich Heine, more than a century ago:

> By these doctrines (Kant's Kritik; Fichte's Transcendental—idealismus and Naturphilosophie) revolutionary forces have been fostered; they only await the appointed day to burst forth and fill the world with horror and admiration. Disciples will appear who will renounce piety even in actual life, and who will harrow the ground of our European life with the sword and axe in order to tear up the very last roots of the past. The 'Naturphilosopher' will take an active part in the German revolution because they identify themselves with their work of destruction. The 'Naturphilosop' allies himself with the elemental forces of Nature because he exalts the demonic powers of old Germanic pantheism which then will awaken in him the lust to fight for which the ancient Germans are renowned, a lust which does not fight to annihilate nor to gain victory, but merely for the sake of fighting. Christianity has to a certain extent mitigated this brutal Germanic lust, but it has not succeeded in destroying it. If one day the restraining talisman—the Cross—collapses, then once again the fierce spirit of the ancient warriors will break forth, the senseless berserk frenzy, found so often in the songs of the Northern poets, will flood the world. The power of that Talisman is waning, and the sorrowful day of its pitiful collapse will come. Then the former gods of stone will rise from the mire and shake off the dust of a thousand years. Thor will soar up again with his gigantic hammer and dash to pieces the Gothic cathedrals. Do not smile at the visionary who expects the same revolution in the realm of reality that has already taken place in the realm of the spirit. Thought precedes deed as lightning precedes thunder. German thunder, of course is very German; it approaches slowly but implacably. But come it will. And if one day you hear a thunderbolt such as has never before been heard in the history of the world, then remember: German thunder has reached its goal at last. At this sound, eagles will drop down dead from the air, and in the farthest deserts of Africa lions will tremble and hide in their kingly dens. A play will be performed in Germany beside which the French Revolution will pale into an insignificant idyll.

This catastrophe so dramatically described by Heine is upon us. Hitler's Germany symbolizes the ills and grievances of Europe and the destructive force which has been fashioned from them Man is what he eats and the hun-

gers of Pan-Germanism today, as for seventy years, are not of the pure spirit. As one writer has put it, all the bitterness of German post-war history has worked on an empty national stomach to turn a romantic national head. And the result is Germany, the incarnation of envy and revenge—the most ruthless and cunning enemy that history has produced. Standing behind Germany is the sinister figure of Mussolini, as someone said recently, "clad in shining blackmail".

The struggle is going to call upon all the resources of our race. There are no longer any neutrals. It was Hitler's invasion of the Low Countries which shook England into action. And now the collapse of France has planted us solidly as a nation in the new realistic world of the hard facts of war. There is no time now for playing chess in a room whose foundations are partly mined. Canada must now be more than a weather-vane in a European wind. It seems likely that we shall be subjected to greater pressure than at any time in our history. So many things are now possible. We may find ourselves having to compress the thinking of a whole generation into the space of a few months—and that calls for leadership and for character.

Whatever may come, determination is our supreme need—the will to victory. Until that end is attained there is nothing to plan for, nothing to think of, nothing else to dissipate our energy and resolve. The forces of evil must be met and defeated. In the dark times which may be ahead we can remember that the Scots Covenanters, when faced with misfortune, threw their challenge to the world by proudly proclaiming, "We were concentrated by being crushed". It is at this time that the courage and discipline of nurses can make such a great contribution. Like the Happy Warrior, your training has taught you to go in company with pain and fear and bloodshed—a strange privilege. It is now your part as nurses to give harassed people confidence, to supplement by some mystical spiritual reinforcement which their bodies claim from science, that invincible courage which is the most miraculous attribute of human nature. It is at times like these that the small sphere of scientific medicine soon ends and the larger, age-old healing ministry of medicine in its highest form begins.

I think that we know what is demanded of us in Canada and that our resolution will be equal to the task. We will give a good account of ourselves There is the story of a traveler who asked a peasant in the fields how far it was to Carcassonne. The peasant replied: "How far is it to Carcassonne, sir, that I do not know. But that this is the road to Carcassonne, of that I am sure; for those who return say always that at the end lies Carcassonne". Carcassonne is the land of our desire. We do not know what exactly it will be like but we do know the road we must travel if ever we are to reach it.

In conclusion I should like to give you as a motto for the time the words of a toast which in its poignant simplicity is one of the finest things in our British heritage. It will strike a chord particularly in the minds of those of you who remember the ramparts of Ypres, the old square in Arras, and the cathedral at Amiens, and must be troubled when you think of these places in the hour of their second desolation. The toast was first given when the officers of the 9th K.O.Y.L.I. assembled before marching into the Somme battle on July 1, 1916. The words are—'Till the barrage lifts!'

Military Nursing Service

FANNY C. MUNROE

In discussing this subject I am going to do so very briefly. Not that I think it unimportant—quite the contrary, but I feel that more of value may come out of the general discussion than out of one person's ideas. We know so little about the casualties, the type, number, or plans for care, that it is difficult to make specific suggestions. Ex-Nursing Sisters have largely forgotten their difficulties, remembering only what was worth while. Prospective nursing sisters are enthusiastic, eager, and aware of the dangers ahead.

Certain valuable conclusions can be arrived at from previous experience. The first record of trained female nurses on active service in Canada appeared during the suppression of the North West rebellion. On May 6, 1885, Miss Millar, a head nurse at the Winnipeg General Hospital, received orders to proceed to the front by way of the Moose Jaw trail. She arrived at Saskatoon on May 12, and immediately took charge of the wounded. Two weeks later, she was joined by four other nurses, and four Sisters of the Order of St. John the Divine. On June 26 of the same year all patients were evacuated and the nurses left for their homes. That was a short campaign, but probably arduous and uncomfortable as there were few conveniences in those days. But on the whole it was safe.

The first intimation of a definite nursing service appears in June 1899, when in General Militia Orders, it was stated that the creation of a Canadian Army Nursing Service was in contemplation and would be organized forthwith. This was during the Boer War. In November 1899, four Canadian nurses proceeded to South Africa with the First Canadian Contingent; these were Miss Pope, Miss Forbes, Miss Russell, and Miss Affleck who were attached to an Imperial hospital. On January 8, 1900, another order authorized the selection of four volunteers for similar duty and, on January 20, a further order set forth that these nurses were to be accredited as lieutenants with the pay and allowance of that rank. One of these latter, Miss Margaret Macdonald, became the Matron-in-Chief in the Great War. On the return of these nurses in 1901, the Director General of Medical Services recommended that the nucleus of a nursing service be inaugurated with the Militia. This was done and the nursing service became a part of the Army Medical Corps; we forget sometimes that the Military Nursing Service is a part of the Army Medical Corps. In 1906, Nursing Sisters Pope and Macdonald were appointed to the permanent corps and posted for duty at Halifax.

When the war broke out in August, 1914, the permanent nursing service contained only five—a matron and two sisters in Halifax, one in Quebec, and one in Kingston. The entire service was administered by the Director General of Medical Services. On August 17, 1914, Matron Macdonald took over the duties of the nursing department in Ottawa, and offers of service came from thousands of nurses and other women in Canada and the United States. On September 16, 1914, orders to mobilize the nursing sisters were received and those selected were ordered to report at Quebec on September 23.

Casualties were heavy from the outbreak of the war, hence the early mobilization of nurses.

On September 29, Matrons Macdonald and Ridley, with 99 nursing sisters, embarked on the Franconia and upon arrival in England, Matron Macdonald was granted the relative rank of Major. The arrival of these sisters was important as is evidenced by the fact that they were met at Plymouth by Sir Edward Ward, Director of Voluntary Service, who brought on board an invitation from the Governors of St. Thomas's Hospital, London, for them to be the guests of that institution. The privilege was accepted, Waterloo Station was reached at midnight, the secretary of the Hospital met them at the train and conveyed the party to the Nightingale Home, where they were made welcome by Dame Alicia Lloyd Still, then Matron of St. Thomas's.

The voluntary supply of nurses was at all times in excess of the need, or I should say in excess of the number allowed. By August, 1917, a definite establishment of 2003 nurses with 27 matrons and a reserve of 203 had been authorized. An additional three hundred served with the English services, and on transfer to France they all came under the control of the Matron-in-Chief of the British Army in the field. Of the Canadian nursing sisters, six were killed or died of wounds, six were wounded, fifteen were drowned by enemy action at sea, and eighteen died of disease while serving. Three hundred and twenty-eight were decorated, and one hundred and sixty-nine mentioned in despatches.

One hears occasionally that those who remained at home had a harder time than those overseas. Perhaps they did, but it was a different kind of hard time. I wonder if you remember what Miss Clint says in 'Our Bit' about the hardships in the East? At Mudros, where some of the sisters went early, there were no sanitary arrangements, the water supply was precarious and depended on one borrowed cart. Stores were kept on a ship only accessible in fine weather, food was scarce and unsuitable. The Sisters were sick and the hospital crowded with men demanding their attention. Of the entire personnel, it is reported that 95 percent developed an acute enteritis. By September, there were six hundred cases in the ward, and the water supply was failing. With autumn came heavy rains, and the floods poured into the tents. In November, due to the absence of vegetables and fresh fruits, scurvy began to appear. Then came cold and snow and bad cases of frost-bite, and the hospital had still further to expand. That was one type of situation in which the sisters found themselves. We hope such a situation will not arise again.

In 1918, the Canadian Army Medical personnel (of which the sisters were a part) was slightly over six percent of all ranks; in the American Army it was fourteen percent. In the spring of 1917, a percentage of 11.6 was considered a just estimate for the Canadian Army Medical Corps, but that percentage was never reached in active practice. Operating surgeons are said to have worked for 72 hours without a rest. Base hospitals, organized to care for 500 patients, were forced to take in 1000 and some expanded to take in 2100. Surgical teams for the clearing stations were taken from the base hospitals and of course the base hospitals needed them badly at the same time. You can imagine what all this meant to the sisters. The one thing, Sir Andrew MacPhail says, that saved the medical department from collapse was the spirit of the personnel at the front, and at the rear. How often is that true

at home—especially of the nursing staff.

What do the nursing sisters do? They work in clearing stations and the stationary hospitals, the base hospitals, the convalescent hospitals, and on ambulance trains and hospital ships. The surgical teams consisted of a surgeon, an anaesthetist, a sister and an orderly. Often, as many as twelve teams operated in one casualty clearing station. In the stationary and base hospitals, the establishment was 80 sisters for 1200 beds, or 50 for 600 beds. This allowance has not been increased.

The ambulance trains consisted of an isolation ward, sleeping quarters for the staff, a kitchen and stores, a car for offices, an operating room and dispensary, five cars for sitting patients and four for stretcher cases. Four hundred patients could be loaded in twenty-five minutes, and they were handled as a hospital unit with the staff remaining on duty for the whole trip—two or three medical officers, four sisters and the subordinate personnel.

The medical service is a most complicated part of the Army, in that it operates from the front line to the remotest base, and follows the soldier into civil life again. Many illnesses of later life have been traced to war disability. The Military Staff in war must provide the essentials, and the medical service (including nurses) employ these essentials until such time as the soldier is demobilized. They can recommend for the future, but unless civilian authorities continue to produce the necessary funds, the Army medical care may have been for nothing. I mention this so that, as an Association, we may realize our responsibility.

Much was learned from the last war in regard to prevention. During the first year, "trench feet" were a source of great distress. During the second year, as it was found to be preventable, it was considered a crime to allow it to develop. In this war, there are no puttees and we are told that greater care is to be taken in regard to the length of time spent in wet trenches. In the last war, deliberately contracted disease, self-inflicted wounds, complaints of deafness and blindness, entered into the picture. The value of giving antitetanic serum and anti-gas serum to all wounded was definitely established. Much was learned about the care of fractures. In this war, better emergency treatment for mustard gas has been introduced; gas masks are better. Undoubtedly the food is better, living conditions in barracks better. In Finland, they tell us there was less sepsis in the wounds, whether due to the intense cold or to the healthy condition of the men, or to the administration of sulfanilamide, or a combination of all three, is not known.

From what we read, this war is more brutal than any one could have imagined in a presumably civilized world. Specialized surgery will probably be much increased—head, face, chest, and so on. Already more eye injuries are reported, and undoubtedly there will be a demand for a large number of nurses who are expert in specialized branches of surgery. Skill and care in dressings will be essential, because much of this work will be left to the sisters. A knowledge of the modern care of pneumonia and of the treatment of burns is equally important. In fact, a knowledge of all that is up-to-date in nursing is indispensable.

Preparation should then be professional, moral, mental. A greater physical courage is needed, as no one will be safe, and everyone must be willing and able to work, although afraid. Skill and speed, developed through an experience of hard work will be essential—a prep-

aration almost all nurses have had, and ability to hold steady in a new and difficult situation, and judgment such that you see the important thing in each new problem. A good working atmosphere must be promoted and therefore it must be recognized that there is no one best way of doing things; that no one hospital is better than all others; that no one school is superior; that no city or province can claim superiority over another. Thinking nationally and not locally, will bring a willingness to admit that new ways can be good. It must also be realized that the desired ends can be accomplished without all the frills of modern nursing technique; that you must use what is at hand and get on with the job; that the wounded have grief of their own and do not want to hear your particular tale of woe and overwork, and that any tendency to hysteria and self-pity must be controlled. There must be a realization that what the wounded expect of you is to nurse them, and to restore their faith in things that are good, and that each must be loyal, sincere, and disciplined.

The sisters who went to the last war had no special preparation for the work —yet they did a good job. There were individuals who thought more about a good time than about the work, but their work was done by others, so the job remained a good one. If the sisters who serve this time have the same moral and professional stamina, the traditions already established will be maintained. And for those of us who remain at home let us try by all means to avoid complaining. There will be much that is worth while to do—necessary and useful, if not spectacular. There will be much to safeguard in our own profession, much for the future that will require careful and intelligent thought and planning. Although we may assure ourselves that "it can't happen here", we must recognize the possibility that all of us may be called upon for active military nursing service in Canada. Our National Association has a membership of over 16,000 nurses, and should now take a strong stand in directing our own destiny as a profession.

REFERENCE

The historical data used in this address is quoted from the volume on "Medical Services", by Sir Andrew MacPhail, which forms a part of "The Official History of the Canadian Forces in the Great War".

Marching Orders

EDNA L. MOORE

A number of years ago Miss Adelaide Nutting said in an address to the American Nurses Association: "Nurses are on trial before the world and are being tested, not for their zeal and devotion, but for their judgment, good sense, and knowledge of their own affairs". If any one privileged to attend this convention came with the slightest doubt as to the quality and degree of leadership given by our National Association in the study and management of nursing affairs, such doubt has been replaced with firm and grateful confidence. Evidence of a wider recognition of this leadership is shown in the

acceptance by the Royal Commission on Dominion-Provincial Relations of a brief, prepared by the Canadian Nurses Association, and by the action of the Department of National Defence in placing in its regulations relating to the qualifications of nursing personnel, the requirement of a recognized standard (registration) as evidence of a nursing service and educational standard.

Our Association, through its committees and provincial units, has studied community organization methods for the improvement of nursing service with respect to quality, suitability for, and availability to those needing it. It has considered ways and means for placement; directed the preparation of the Proposed Curriculum and its Supplement, and offers leadership in their application. Other factors receiving attention include: safeguarding the health of the undergraduate and graduate nurse; encouragement to University schools of nursing in giving regular courses and refresher courses; the formulation of desirable qualifications for admission to professional schools, thus reaching out to the prospective nurse; provision for leisure time, and encouragement of extra-curricular activities. This threefold development has been constantly in the minds of our leaders, and the spirit of nursing has been kept before us through convention programs, and in the pages of our *Journal*—without this spirit, all efforts to serve are at best mediocre.

In our modern society, nursing service is recognized as an individual, family, and community need. To meet these needs the nursing profession has come into being and, through its various organizations, provides channels for corporate thought and action in the interest of high standards of service. Someone has said: "Efficient progress toward the ultimate ideal can only be achieved through a series of immediate objectives, modified progressively in the light of changing conditions". How may we, the nurses of Canada, not only safeguard the standards we have attained but, under changing conditions, continue to progress toward our ultimate ideal?

A state of war affects nursing both directly and indirectly. The personnel of the Royal Canadian Army Medical Corps includes Nursing Sisters, who are registered nurses and who, on enlistment, leave the ranks of civil nursing. The enlisted nurses come from all branches of the profession but in the main from the younger age group, and many of them are highly trained. While usually content to leave nursing to nurses, the public generally and women in particular, are likely to become alarmed about nursing service in time of war. Then, too, many people consider nursing to be a woman's natural vocation. A number of schools of nursing admitted an increased number of students last September in view of war conditions. The directors of schools of nursing, the superintendents of hospitals, the boards of directors, should have the support of organized nursing and individual nurses in following a course of action that will maintain standards of nursing education and service while having regard for the ultimate ideals of our Association.

While many young women may become interested in nursing because of its place in war service, it is equally probable that many who might have chosen nursing as their profession may seek some more immediate means through which to offer their services. Consequently, it would seem important at this time to present nursing as a profession to secondary schools and college groups; and, once more, our Association has placed the tool in our

hands by making a pamphlet of information available for wide distribution. It is also desirable to increase the award of scholarships in order to make it possible for graduate nurses to undertake advanced study in teaching, administration, and public health. The greatest care should be taken in the selection of those who receive such assistance and encouragement. A well-adjusted individual with a pleasing personality offers an investment many times more valuable than one who is lacking in these qualities although possessing equally good academic standing.

A study recently reported upon in Ontario, concerning the distribution of nursing service to the non-hospitalized sick in that Province, shows that on a given day less than one-half of the patients for whom professional nursing care was said by the attending physician to be needed were receiving it. Several physicians stated that lack of sufficient funds was the reason for the situation. The patients needing but not receiving professional nursing care apparently were being looked after by members of the family or neighbours, although a significant number of practical nurses were employed.

The need of preparation and direction of the auxiliary worker, or the so-called practical nurse, is receiving attention in other countries and it may be expected that war conditions will bring the question quickly to the fore in Canada. Already, women who are distressed lest there be too few nurses to provide for maternity and other nursing services are urging that short courses in nursing be established to supply the need which they believe will shortly become a serious one. The problem merits the best thought of all Canadian nurses through the medium of our professional organizations, and when plans for action are launched they must have the support of every nurse. Let us resolve not to waste time and effort in the discussion of trifles. Waste of time, effort, or substance is nigh to treason.

Our *Journal* has put this matter before us clearly. We know that New Zealand nurses have secured legislation which places responsibility for the training and direction of subsidiary workers in the hands of the professional group. In New York State, legislative provision has been made for the licensure and control of all who nurse the sick for hire either as professional or practical nurses. A course of training has been developed which includes experience in convalescent hospitals and hospitals for incurables.

The Registered Nurses Association of Ontario has presented to the Provincial Government a resolution requesting that a course of training for "practical" nurses be established, and that they be licensed upon the attainment of the required standard. In my opinion, the committee on the reorganization and formation of Registries of the R.N.A.O. has made a notable contribution to the advancement of community nursing service. Their report, adopted at the annual meeting in March 1940, includes a suggested course of preparation for the subsidiary or auxiliary worker as well as a proposed constitution and by-laws for registries which would offer the services of professional nurses, auxiliary workers, and probably housekeepers.

At this point I want to read a striking sentence from the report of an outstandingly successful three-year maternal health program in England, written by the three physicians who directed it. This is the first sentence under the heading of conclusion: "It is important to observe that the results were obtained by a change of spirit and method, and without any alteration in the personnel

or any substantial increase in public expenditure". Changing conditions demand flexibility of thought, and basic principles must be our guide. Perhaps we are inclined to take too much responsibility, but we must be responsible for interpreting to our Board members the significance in terms of service of proposed changes in policy or personnel. A firm stand on questions of principle is the basis of professional integrity, but needless discussion of unimportant details is, at best, unworthy and it may be vicious. The health of nurses is never an unimportant detail.

A knowledge of the special skills of nurses, through a registration such as has been suggested by the committee on placement service, would contribute to better and more adequate service provided that nurses are willing to go where their special skills are most needed.

This war is presenting an additional challenge through the plan for receiving children in large numbers and placing them in foster homes. What do we know of child hygiene? Are we able to help parents and foster parents find solutions to the many new problems that are bound to confront them? These questions may appear to belong to public health nurses, but a second glance brings them into the community field, and nurses are members of the community and should be, I submit, influential members. What have our communities to offer these children and the homes that give them refuge? As professional women, with special responsibilities as citizens, we have a duty to perform. Let us address ourselves to a study of the problem immediately. Child psychology, nutrition, and mental hygiene are three lines of approach that I would suggest—someone in every community knows something about them.

Health authorities have responsibility—are they preparing to meet it? We must make our medical staff members, board members, and trustees aware of our broad interest in the whole situation and of our desire to give leadership. And always we should make quite sure that these men and women, who have accepted trusteeship as board members in hospital, health or child caring organizations, understand the relationship between sound nursing education and a high standard of nursing service. They must take responsibility for decisions, but it is our responsibility to give them all the facts bearing upon these questions.

While war disrupts, history shows that nursing has received great impetus through war. The Crimean War made plain to Florence Nightingale that good nursing service depended largely upon careful selection and sound teaching—thus modern nursing began. The Great War of 1914-1918 made demands in neurological and psychiatric nursing that have had far-reaching results. In the years following, University courses were developed and graduate study became relatively accessible to Canadian nurses. We begin the struggle today with a greater realization of these things and with a recognized place in the national life.

We are members of the International Council of Nurses, and our fellow members in many countries are being forced to see the work of years undone. They look to us to preserve the ideals common to us all and to promote the standards of service. When they are free to continue their professional organization activities we must not fail them.

Reference has been made to the Royal Canadian Army Medical Corps requirement of the professional standard of registration for Nursing Sisters Nursing Sisters, like all other rank-

receive marching orders from the proper military authority, but the quality of the professional service commanded is conditioned by professional preparation in its widest sense, as well as professional leadership. Those serving on the home front need marching orders too, and the Canadian Nurses Association is the authority to give those orders. Those who have listened to the discussions and addresses during this convention have indeed received much, and we shall take some of our enthusiam back to our own groups. But could not a resounding call go out to every nurse in Canada—a heart-searching call not only to the 17,000 members of the Canadian Nurses Association but to every nurse? Failure of the few hinders the many, and today Canadian nurses are facing a supreme test in the management of their affairs. Much has been said about facing facts—this is an intellectual accomplishment, can we make it a moral one? John Mason Knox presents the challenge this way:

It's not the guns or armament,
Or the money they can pay,
It's the close co-operation
That makes them win the day.
It's not the individual,
Or the army as a whole,
But the everlastin' teamwork
Of every bloomin' soul.

A True Western Welcome

We have been behind the scenes at many a convention and consequently know something about the good staff work which is needed if the wheels are to be kept turning with such deceptive ease as they did in Calgary. One of the veterans among the commercial exhibitors volunteered the statement that "these Alberta nurses know their stuff —and do it". And so say all of us!

As a matter of fact, the Alberta Association of Registered Nurses methodically began its preparations as soon as the invitation extended to the Canadian Nurses Association was accepted at the Halifax meeting. Miss Kate Brighty, at that time president of the A.A.R.N. immediately began to make tentative plans, and when in due course she was succeeded in the presidential office by Miss Rae Chittick the whole project continued to move forward to its successful culmination.

KATHLEEN CONNOR

Under this capable direction, the A.A.R.N. resolved itself into groups, each of which assumed a share of the common task. Inevitably the heaviest load was carried by the Committee on Arrangements, and here a special tribute must be paid to its able convener, Kathleen Connor, and her associates. Nothing which would add to our pleasure and comfort seemed to be beyond their powers or outside their frame of reference. The Welcoming Committee (we like that designation) in the persons of Mrs. G. C. Winstanley and Mrs. W. R. Cope amply fulfilled the promise of its name. The Transportation Committee, was convened by Miss Mary Watt with excellent help from Miss Margaret Carpenter, Mrs. B. M. Blunden, Miss Sally Craig and Miss H. B. Acton. Visitors who needed help in finding suitable accommodation were courteously assisted by Miss Mary Maclear and Rev. Sister Mansfield. Information on every conceivable topic was cheerfully given by a committee headed by Mrs. A. T. Kloepfer.

MRS. A. E. VANGO
Photo by Jean Whiteford, Reg. N.

The registration desk was under the direction of Mrs. A. E. Vango, with the result that the registration of 553 persons proceeded with a maximum of quiet efficiency and a complete absence of fuss. A striking educational exhibit, assembled under the direction of Miss E. J. Rolston and Miss J. Davidson, was the centre of attraction in between sessions. This included a number of nursing procedure books used in various hospitals, as well as a life-size tableau illustrating a ward teaching project. Another excellent feature was the ingenious structure showing the essential requirements of a "good school of nursing," prepared under the auspices of the Manitoba Association of Registered Nurses.

One of the bright spots in any nursing convention is the pleasure of meeting old friends, and especially those of "one's own School". Thanks to Miss Margaret S. Fraser, convener of the committee on Alumnae functions, no less than 55 Associations had an opportunity of arranging for happy reunions. Even those members who found no schoolmates spent a pleasant evening as the guests of Miss Sara Macdonald, superintendent of nurses at the Calgary General Hospital.

From an editorial point of view, we should like to express special appreciation of the work of the publicity committee, and especially to Miss Eleanor McPhedran, Miss Jean Davidson, Miss Blanche Emerson, and Miss Rae Chittick. For six months prior to the meeting they supplied the *Journal* with lively and authentic material which gave our readers a new conception of Alberta. The articles dealing with the history of nursing in this Province were not only interesting in themselves but

also constitute a most valuable reference. Another group to whom we are profoundly grateful is the Provincial *Canadian Nurse* Committee which, under the direction of Miss Violet Chapman, ably promotes the interests of the *Journal* in Alberta. There is so much to be said about this committee and the exhibit which was on display in Calgary that we are waiting until September to do it full justice.

And now we come to the consideration of the many delightful social events which made our visit to Alberta so memorable. The first of these was the dinner given in honour of the Executive Committee of the Canadian Nurses Association by the Executive Committee of the Alberta Association of Registered Nurses. This happy occasion was planned by the president, Miss Rae Chittick, who took the opportunity of introducing the members of the Committee on Arrangements to the assembled guests. The hearty applause which greeted each introduction showed how grateful we were for all the efforts made on our behalf.

Now we must suspend a stern regulation which governs this *Journal* and which usually compels us to blue pencil all descriptions of table decorations. Our excuse for this lamentable conduct is that you never in all your life saw anything so characteristic of the West as the miniature Indian encampment which graced the head table. This was prepared by the pupils of the Western Canada High School, under the direction of Mr. W. F. Irvin. The wigwams stood on a sandy slope and were decorated with authentic symbols; at one side, a group of Indians carried slender lodge poles and a delicate plume of smoke rose from a camp fire. We once lived on an Indian reservation, and never have we seen a more vivid representation of Indian life. By way of a souvenir, each guest was presented with a little teepee, and the menu cards showed a reproduction of an exquisite mountain landscape, painted by the eminent Canadian artist, A. C. Leighton, R.B.A., A.R.C.A. Right in front of us was a great bowl of the wild flowers of the foothills gathered by loving hands that very afternoon—prairie roses, sweet clover, purple vetch, and Queen Anne's Lace—the distilled perfume and colour of the West itself.

Dr. Baker greets Miss E. Birtles.
Photo by Jean Whiteford, Reg. N.

At the close of the first evening session, there was a gay reception at which all visiting nurses were entertained jointly by the following Alumnae Associations: the Royal Alexandra Hospital, Edmonton; the University Hospital, Edmonton; the Edmonton General Hospital; the Misericordia Hospital, Edmonton; the Calgary General Hospital; the Holy Cross Hospital, Calgary; and the Municipal Hospital, Lamont. The committee on entertainment, un-

der the capable direction of Mrs. H. G. Straker, was responsible for the arrangements which made this reception and the banquet on the following evening such delightful events. Mrs. Straker was assisted by Miss Lillian Bibby, Miss Catherine Clibborn and Mrs. H. C. Walshaw. Mrs. Selby Henderson was responsible for arranging the excellent musical program and Mrs. I. H. Brodie for the flowers. This seems an opportune moment to thank "the nurses of Calgary" for the beautiful bouquets which adorned our rooms all through the week.

And now we are constrained to talk once more about table decorations. At the banquet, yellow grain and Icelandic poppies were massed together in a blaze of gold. The menu cards showed the barred door in a corral fence, marked with the various brands of the Alberta cattle ranges, and bearing the hospitable legend "come and get it". Our favour was a bronze buffalo, and the Mayoress of Calgary generously gave us hers—a "Mountie" in his scarlet tunic, just two inches high.

On Friday afternoon, when most of the important decisions had been made and the work of the convention was almost completed, the Transportation Committee went into action and a whole convoy of cars carried us away to the banks of the Bow River. Here, in the beautiful grounds of the Central Alberta Sanatorium, Dr. and Mrs. Baker, and Miss Kathleen Connor welcomed us in the name of the Department of Public Health of the Province of Alberta. Gay music was provided by the Calgary Native Boys Band under the leadership of Mr. W. D. Hayward. The Sanatorium's dietetian, Miss McCaffray, assisted by student nurses from various schools of nursing in Alberta, served a delicious supper. There was not a cloud in the sky, and the folds of the Union Jack at the top of its tall standard, fluttered gently in the cool breeze. In the evening, thanks to the courtesy of the Mayor of Calgary, arrangements were made for a drive through the summer countryside.

In closing, reference should be made to the special Church services held on the Sunday evening before the sessions began. At St. Stephen's Church, the Ven. Archdeacon Swanson delivered a most eloquent address to more than two hundred nurses, among them many Nursing Sisters who served in the last war. In the Chapel of Holy Cross Hospital, Benediction was conducted by the Right Reverend A. J. Hetherington, Diocesan Director of Catholic Hospitals. At the opening session, the Invocation was pronounced by the Right Reverend Ralph Sherman, Bishop of Calgary. In a time of national anxiety and stress, these spiritual ministrations were most consoling and inspiring.—E.J.

THE LIPPINCOTT LOUNGE

All through the busy days of the Calgary meeting there was always a peaceful haven on the tenth floor of the Palliser Hotel in which one might relax and sip a fragrant cup of coffee. The J. B. Lippincott Publishing Company once more offered the generous hospitality of the "Lippincott Lounge" and perhaps none of us enjoyed it more than the hard working Calgary nurses who were so busy with their hospitable duties that they had little time for rest. Miss Alta C. Walls, R.N., a member of the Lippincott staff, was the gracious hostess and we owe her a personal debt for the kindness and consideration she showed to every visitor to this charming retreat.

The Nurse and the Diabetic

ANGUS MACKAY, M.B., F.A.C.P.

As nurses and doctors, our contacts with diabetics are mutual and date from the day the diagnosis is first made. They include hospital treatment; the attitude for the long years that follow; the social, domestic, and medical complications; surgical and obstetrical adjustments, the prevention of trouble due to poor circulation and the prompt treatment of any emergency that may arise. No disease requires such close contact between doctor, nurse, and patient.

Diabetes is characterized by inability to use the carbohydrate (sugar) supplied to the body, and shows itself by the presence of sugar in the urine (glycosuria) and abnormal amounts in the blood (hyperglycemia). The cause of the disease is still obscure although, as we get more exact information regarding the workings of the ductless glands, we get new viewpoints. However, the real defect seems to be in the pancreas. The main secretion of this gland is one that digests food in the intestine. Completely embedded in it are groups of other secreting cells that are called "islet" tissue. Their secretion, insulin, is absorbed directly into the blood stream and carried through the body. Diabetics have a deficient supply of this insulin and this is the direct cause of the disease. When necessary, this deficiency can be made up by giving sufficient supplemental insulin, prepared from other animals. The pancreas of the cow or pig is ground up, steeped in saline and alcohol, the solution purified and concentrated, and supplied in sterilized ampoules ready for injection hypodermically.

Heredity plays an important part in diabetes and many diabetics present evidence of its presence in the family blood connections. Fortunately the disease tends to die out in succeeding generations if one parent's family is free from it. Obesity also predisposes to diabetes. Thyroid, adrenal or pituitary disorders, emotional stress, naso-respiratory or gall bladder infections, as well as gross dental infection, often precipitate the onset, which may be insidious or occasionally rather abrupt. It is common to discover glycosuria during examination of apparently healthy persons who deny the existence of any symptoms of the disease. Although desirable to secure treatment at this stage, it is usually difficult since symptoms are lacking and the need for dieting is not clear to the patient. Early treatment minimizes body damage and allows more ample and attractive diet, with greater liberty and health in after years.

After some time, and with continued neglect, the sugar in the urine increases in amount and the patient slowly loses weight. He becomes unusually fatigued after the usual day's work, and frequently has crampy pains in the calves or feet. Increased thirst, and increasing amounts of urine, may be associated with an increased appetite; skin eruptions, boils, eczema or intense itching may occur. These troubles are dramatically corrected by treatment, but delay results in chronic ill-health which may last for years. During this period incurable changes occur in the blood vessels which become thickened and hardened. Vital organs, such as the heart, brain, kidney and eye, as well as the limbs and the body tissues in general, suffer from defective blood supply and account for symptoms referable to these areas. Death results from blockage of these blood ves-

sels, producing gangrene or other changes, and also from infections or coma induced by poor health and uncontrolled disease.

The controlled diabetic today presents a different picture. His diet is one that consists of common foods and, although requiring continuous care, is attractive and appetizing and results in health and vigour. He can do anything a healthy person can do. Insulin, when needed, is a nuisance, and is merely that with most diabetics. Severe cases have less comfort, but the inconvenience of the occasional reaction, the more frequent urinalysis, and the critical care required in their control are much to be preferred to the complications of ill-health they would suffer if neglected. After a few weeks of treatment they all, mild or severe, become adjusted to a certain amount of food, exercise, and insulin and proceed with little change through the years. Their periods of danger occur when facing the ordinary troubles of life, such as infections, worry, pregnancy, or operations. If a little extra care is taken no harm follows and they seem to have a normal expectation of life. The control of the disease consists in finding a proper diet and other treatment that will control the sugar excretion. Mild cases will not require much restriction of their diet; that is the reason why cases should be controlled as early as possible.

Control of the diet requires some consideration of foods and the fundamental ideas are quite simple. The three kinds of foods (starches, fat, and protein) are present in different amounts in different foods. Certain amounts must be eaten of each, depending on age, occupation, climate, individual taste and other factors. Proteins (meat, eggs, cheese, cereals) are used to replace worn body tissue. Starchy foods are most easily absorbed and utilized and include sugar, syrups, honey, preserved and fresh fruit, bread, potato, rice. These carbohydrates are stored in the liver and muscle and are burned very easily, thus providing energy. These are the foods that the diabetic burns with difficulty because insulin is needed for their combustion and only a limited supply is made by the diabetic.

The fatty foods (cream, butter, fat meat) are stored in the body for use in adversity (illness or starvation). They are very concentrated, forming twice as much energy for their bulk as the others. The fats are burned up if the carbohydrate in the body is already ablaze; but this carbohydrate is burned or stored only when the spark of insulin is there. The diabetic eats plenty of food but he cannot use it. His body, lacking the necessary means of nutrition from "outside" food, breaks up the fat and protein stored for emergencies. He consequently loses weight and feels ill, because both his "outside" and "body" food form excessive sugar and acid products which are poison.

Treatment consists of a severe dietary restriction for a few days. This tends to restore harmony because he is given so little food that, unless the diabetes is severe, he burns or stores it all, excretes no sugar and feels wonderfully improved in a day or so. He is then given small increases daily as long as he remains sugar free, until by various manipulations of his food content, he takes an ample diet with safety.

There are two main ideas in diet today; the better one has not yet been unanimously decided. In one, the diet has very little bread, cereal or concentrated carbohydrate, but enough calories are taken by giving much butter, cream or other fats. Strangely, the other is just the opposite, containing nearly the usual amounts of starchy foods, bread, cereal, potato, even jam and sugar, but just about half the fat ordinarily taken. The

caloric value of this diet is kept at about two-thirds of that usually taken in health. The important thing is that no matter which diet is prescribed it must be accurately followed. Adjustments should rarely be made by the patient.

If the case is severe and it is impossible to achieve control even with little food, "outside" insulin must be given to remedy the defective production of insulin which the diabetic manufactures himself. This is given often enough, and in sufficient dosage, to achieve the desired result, that is to control the disease. Too much or too little is dangerous; the diet, exercise, or activity must be the same each day. Too much insulin causes the blood sugar content to diminish unduly because the sugar is being rapidly used or stored. The patient then becomes hungry, has double or faulty vision, profuse perspiration, becomes confused, incoherent, convulsive, drowsy, comatose, or completely unconscious. This usually takes several hours and can be prevented by the administration of sugar in any form of food or drink, or intravenously. Just enough should be given to prevent this reaction; too much will cause sugar to reappear in the urine.

Mild cases require no insulin, others require a dose once daily. Severe cases may require three or four doses a day and still show lack of good control, because of the existence of glycosuria and reactions. Many of this class do better on protamine zinc insulin. In this form much larger doses may be given because it is absorbed very slowly, often taking 24 to 36 hours to entirely use up a single dose. A patient, requiring up to 40 units of insulin a day, may be given the entire dose as protamine zinc insulin once a day. More severe cases require a combination of protamine and regular insulin. These may be given by separate injections before breakfast. The regular insulin is quickly absorbed and controls the sugar absorbed in food during the day. The protamine fraction keeps the patient controlled at night.

Reactions from protamine occur at night or in the early morning. They often differ from those of regular insulin by the frequency of headache, nausea, or other gastro-intestinal symptoms. They also are controlled by food or sugar. Never give a nauseated patient his usual dose of insulin before breakfast. Give the food first, as he may be having a reaction, and be sure to reduce his dose when it is given. Severe diabetics do better if food is given at mid-morning and on retiring, as well as at the usual meal times.

The insulin syringe should be one that is graduated for use with the "yellow" (40 unit) insulin. It should be sterilized by boiling, the needle point carefully maintained at a razor edge, the piston, barrel and needle dried by suction of alcohol after use, and lime deposits cleared by boiling in vinegar when necessary. For travelling, alcohol sterilization suffices if the alcohol is dried off in the air before filling with insulin. A different site should be used for each injection, moving up, across, and down the trunk or arm; the joint areas should be avoided. The patient should use his abdomen when treating himself and should use a different site each day. Members of the family should be trained to administer insulin, particularly when infirmity due to age, imperfect vision or other weakness exists. With regular insulin, food should be taken within 15 minutes; this is not so important with protamine. Broken syringes should be replaced by the same type so as to insure correct dosage. Ordinary glass syringes should never be used.

After leaving the hospital, or becoming controlled on the new diet at home, the diabetic's life-training in the care of his disease has been properly commenced.

His chief problems frequently are: to get a practical adjustment of his diet so it will not interfere with his occupation or wage earnings; to prevent carelessness or a casual viewpoint; to preserve domestic happiness by avoiding a boring tendency to talk eternally of his diet, his aches and pains or his urinalysis. He should be instructed in the composition of his diet, and while too much elaboration should be avoided, he should know how to weigh it, and how to make one or two simple substitutions. He should also know how to test his urine, how to administer the insulin, and how to recognize the dangers and signs of reaction. These matters usually require constant repetition and a visiting nurse, officially or unofficially, can do much to establish and maintain confidence and care.

The insulin dose is lowered as the patient improves and many past middle life may dispense with it altogether. If he is taking protamine, the urine should be tested night and morning for a few weeks, decreasing the dose when no sugar is found in the urine. Neglect in this regard may cause severe reactions. On the other hand, if traces of sugar appear the dose is increased.

Certain occupations require special care on the patient's part, in order to avoid reactions and their possible danger to others. Trainmen, elevator operators, line men, for example, are as dangerous to others as to themselves if they are careless. Licenses as car drivers should not be issued to careless patients Severe diabetics should carry glucose tablets to take when suspicious of an oncoming insulin reaction. Diabetic children should be encouraged to attend school and to equip themselves for suitable positions in later life. A diabetic may do anything an ordinary person does although he is not fitted to do it as strenuously.

Many doubtless become careless and suffer only moderate inconvenience for a long time, but eventually the outcome is a serious complication. Others are frankly and honestly not co-operative; they take extra insulin in order to eat unwisely, and suffer from overdoses and then from glycosuria. The type who raise a terrible row over their unsuitable rations as an excuse for their misdeeds, are known to all. These patients require your co-operation, as well as the doctor's diplomacy. Your official attitude as visiting nurses, your unofficial advice to your afflicted friends when the subject is broached during a social call, are grave matters. It is common knowledge, resent it as many doctors do, that advice is often better taken from a nurse (quietly and plainly explained) than it is from the doctor.

We must not threaten diabetics with the probability of a cataract or gangrene developing, because such complications may not appear for years. While it is true that such a possibility exists, it is a terrifying thing to suggest to an intelligent but careless patient. Try and find their viewpoint, their hidden fears, the domestic or environmental skeleton in the cupboard, and then correct, if possible, the complicating factor.

The complications of diabetes are usually given as acidosis, infection, or gangrene and commonly arise from neglecting minor matters. The patient may become nauseated, out of sorts and have a cold, tonsillitis or any of the infectious diseases we all have. Insulin in appropriate doses should never be omitted on these occasions, particularly if the case is severe. The diet should be soft or liquid, the amount calculated by the physician in charge. Activity is curtailed and rest in bed is prescribed.

Acidosis occurs acutely, in severe cases and in children, with dietary indiscretion. It occurs more slowly in adults when infection is present, and will progress to coma if unchecked. Acute ab-

dominal pain, vomiting, nausea, drowsiness and deep stertorous breathing are signs of danger. Insulin in large doses, fluids, stomach lavage, enemata, warmth and stimulants comprise the foundation of treatment. The most important is prompt and adequate insulin dosage. Hypoglycemia (insulin reaction) should not be confused with coma; if anything unusual happens to a diabetic taking insulin, it is reaction. Give sugar, not insulin. A urinalysis will show no sugar and the recovery is prompt.

Diabetics have blood vessels that thicken early and at an abnormally rapid rate. The defective circulation may damage the heart, feet, eye, kidney, or brain. Defective circulation in the feet is shown by coldness, cyanosis, cramps in the calves, tingling and burning over the soles or toes, worse at night. Attention is directed toward extreme care and hygiene of the feet. Comfortable shoes, warm stockings, bed socks winter and summer, care of corns, trimming the nails, Buerger's exercises, massage, sitz baths, the Pavex boot, all relieve symptoms. Once these symptoms occur, much greater vigilance must be exercised because worse situations may arise. Minor injuries, infections or superficial areas of gangrene are kept clean by alcohol, boracic or dry dressings. On no account use iodine, Keith's dressing, or strong antiseptics. Rest in bed, with the foot protected from friction of the bed coverings or wrapped in cotton wool, will clear up minor disabilities in a few weeks.

Further involvement, whether by gangrene or cellulitis, usually requires operation. Younger patients, or those with warm feet, indicating fairly good circulation, may develop serious infections but in them the surgical treatment may be less drastic. Drainage, or local amputation, may succeed without amputation at the knee, as is usually necessary in older patients, when the circulation is seriously impaired.

In conclusion, I wish to reiterate the importance of our mutual responsibility toward the diabetic patient. You are usually in closer contact, and have a greater opportunity for effective advice. The diabetic's happiness and health are greatly increased by a close alliance with his physician and his nurse.

Victorian Order of Nurses

The Victorian Order of Nurses for Canada was requested to detail a nurse for duty on the private train on which Princess Juliana of Holland and her two children travelled from Halifax to Montebello on their arrival in Canada. Miss Elaine Corbett, nurse-in-charge of the branch at Bridgewater, Nova Scotia, was asked to report for duty at the Admiralty Office in Halifax on June 8, from where to her amazement she was sent to the private train awaiting the arrival of the Princess in Canada.

Miss Corbett is a graduate of the Royal Victoria Hospital and of the School for Graduate Nurses, McGill University. Her home is in Montreal. Princess Juliana expressed her apprecia-

tion of the arrangements made and in particular of the presence of Miss Corbett in case of need on the journey.

The following are the staff appointments and transfers of the Victorian Order of Nurses for Canada:

Miss Martha Earle, who has just completed the course in public health nursing at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the branch at Newcastle, New Brunswick.

Miss Marjorie Cowan, a graduate of the school of nursing of the Regina General Hospital, who has just completed the public health nursing course at the School for Graduate Nurses, McGill University, has been appointed to the Regina staff.

Miss Blanche Rickard, a graduate of the school of nursing of the Hamilton General Hospital, and of the course in public health nursing, school of nursing, University of Toronto, has been appointed to the Brantford staff to replace Miss Huffman.

Miss Margaret Merriam has been appointed to the Moncton staff. She has been on leave of absence and prior to this was in charge of the branch at Yarmouth, Nova Scotia.

Miss Verna Huffman has been transferred from the Brantford staff to the York Township staff.

Reader's Guide

The aim of this issue of the *Journal* is to offer a commentary upon the Biennial Meeting of the Canadian Nurses Association for the special benefit of those who had not the privilege of attending. Following the precedent set in 1938, the official reports and the text of most of the addresses will appear in September, but there were certain messages which bear so directly upon the crisis we are now traversing that it seems wise to publish them immediately. Each of these is commented upon below.

After you have read "Till the Barrage Lifts!" you will understand why **Dr. E. P. Scarlett** held his audience spellbound. Delivered in the shadow of the capitulation of France, this address conveys the atmosphere of calm determination which pervaded the Calgary meeting. Dr. Scarlett, who saw active service in France during the last war, is now a member of the Calgary Associate Clinic, and in spite of the demands of an extensive practice, makes a notable contribution to the life of the city, especially in relation to literary and musical affairs.

Under the respective captions of "Military Nursing Service", and "Marching Orders", **Fanny C. Munroe** and **Edna L. Moore** give us the benefit of their experience overseas during the last war. Miss Munroe is now the superintendent of nurses at the Royal Victoria Hospital, Montreal, while Miss Moore is Chief Public Health Nurse in the Department of Health of the Province of Ontario. Both women have had to face and to solve problems similar to those with which we are now confronted, and are, therefore, exceptionally well qualified to advise and guide us.

The *Journal* is indebted to Miss Freda Fell, chairman of the Private Duty Section of the Registered Nurses Association of Ontario, for the privilege of publishing the excellent address on the modern treatment of diabetes, delivered by **Dr. Angus MacKay** before a Toronto group of private duty nurses.

The Matron-in-Chief in Canada

In times of national crisis, there must be a leadership so strong, so wise, so competent, so human, that it will command instant and cordial response. The nurses of Canada are indeed fortunate that in this hour of trial, the military authorities of the Dominion have chosen Elizabeth Smellie, C.B.E., R.R.C., as Matron-in-Chief in Canada. To her we turn with confidence and affection, for we know that she has all the qualifications which are needed to ensure success in her responsible task.

It is a profound satisfaction to know that, in her capacity as first vice-president of the Canadian Nurses Association, Miss Smellie will be able to interpret to the military authorities our fervent desire to offer the full measure of devotion and service to our beloved country.

There are many reasons why Miss Smellie is an ideal choice for this responsible task, and chief among them is her magnificent record during the Great War of 1914-1918. At the time when Miss Smellie was awarded the Snively Medal by the Canadian Nurses Association, Miss Jean I. Gunn wrote of her as follows:

> In 1914, very shortly after the beginning of the Great War, she joined the Canadian Army Medical Corps as a Nursing Sister for overseas service. Her ability in organization and administration was very soon realized and she served as a Matron in the Canadian Army Medical Corps until 1918, when she returned to Ottawa in the position of Assistant to the Matron-in-Chief, which position she held until 1920. Miss Smellie's military service was most outstanding: she was mentioned in despatches in 1916, and in 1917 was awarded the Royal Red Cross, First Class.

ELIZABETH L. SMELLIE, C.B.E., R.R.C.
Photo by Notman, Ltd., Montreal.

Miss Smellie has always been keenly interested in the welfare of all nurses who served overseas. She is a member and a past-president of the Ottawa branch of the Overseas Nursing Sisters Association and a member of the Canadian Legion. Previous to the Royal Visit last summer, she represented the Overseas Nursing Sisters on the committee appointed to make arrangements for the ceremony of the unveiling of the War Memorial at Ottawa.

Many honours have been conferred upon Miss Smellie. In 1934 her name appeared in the Honours List approved by King George V, as a Companion of the Order of the British Empire. In a recent issue of the *Journal*, mention was made of her appointment as

first vice-president of the American Public Health Association. She is also consultant in public health nursing to the Department of Health of the Province of Ontario and to the Welfare Department of the Metropolitan Life Insurance Company in New York.

It is as the Chief Superintendent of the Victorian Order of Nurses for Canada that she is universally known and beloved in Canada. The Order has generously consented to grant Miss Smellie immediate leave of absence so that she may take up her duties in the office of the Director General of Medical Services, Department of National Defence, Ottawa.

In her capacity as Matron-in-Chief in Canada, Miss Smellie will guide and direct the military service so eagerly offered to their country by Canadian nurses. It is good to know that the authorities have wisely entrusted so responsible a task to a woman of great ability, sound judgment and sterling integrity.

The Canadian-Polish Ambulance Unit

Our readers will remember that reference was made in the June issue of the *Journal* to the generous gift of two well equipped motor ambulances which was made by Polish-Canadian citizens to the Polish Relief Fund. Under the direction of Nursing Sister Oakley Williams, the Polish nurses attached to the Unit rendered most valuable service to refugees in Paris, and later the Unit was called up to serve elsewhere in France. In a letter from the Commandant, Miss Patt Tuckett, we learn of the Unit's subsequent adventures . Although the personnel all escaped with their lives, the two ambulances and all equipment were destroyed by being blown up on the dock. Far from being dismayed, Miss Tuckett writes that "the work will now be carried on in England, and may it all end soon in favour of the British who are indeed a wonderful people". To her great disappointment, Miss Tuckett was prevented by illness from accompanying the Unit to France.

Ontario Public Health Nursing Service

Miss Clara Kittmer, who has been public health nurse in Woodstock for the past three years, has resigned to accept a similar position in Owen Sound. The vacancy in Woodstock will be filled by *Miss Gladys Jackson*, a graduate of the School of Nursing of the Toronto General Hospital, and post-graduate of the University of Toronto public health nursing course, 1940.

Miss M. J. Gillespie has resigned her position with the Red Cross in Manitoulin Island to do public health nursing in the town of Thorold.

Mrs. Gertrude Irene Purcell, a graduate of the School of Nursing of the Toronto General Hospital, and post-graduate of the public health nursing course, University of Western Ontario, has accepted a position as public health nurse in Stratford.

Miss Audrey Turner has resigned her position as public health nurse in Port Arthur to be married.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The twentieth General Meeting of the Canadian Nurses Association, held in Calgary, Alberta, June 24-29, 1940, will be reported in the September issue of *The Canadian Nurse*. However, it is recognized that all members unable to be present are awaiting an announcement in regard to the National Organization's decision toward assisting in the present crisis, therefore action taken is reported herewith. The Executive Committee, in meeting on June 24, appointed Miss Ruby M. Simpson to convene a small committee to investigate possible financial assistance in the present national crisis, and before the close of the General Meeting to submit definite recommendations with regard to the most urgent need and probable cost. On Wednesday afternoon, June 26, the convener of the Committee presented its report to the general session. The report, which was adopted unanimously, follows:

Report of Committee

From several sources, the question of assistance (financial and otherwise) which might be given by the Canadian Nurses Association in the present national crisis, was brought to the attention of the Executive Committee at its meeting on June 24. Following some discussion, a small committee was asked to review the situation and bring in definite recommendations to the General Meeting. As convener of the Committee, I beg to submit a brief report for your consideration.

The President of the Canadian Nurses Association has received the following communications in connection with this matter:

1. A letter from the Council of the Registered Nurses Association of British Columbia asking that "the Canadian Nurses Association give consideration to granting a sum of money to help in whatever way it may decide, to lessen the dismaying conditions existing due to war".

2. A letter from the Alumnae Association, Jeffery Hale's Hospital, Quebec, addressed to the Association of Registered Nurses of the Province of Quebec, and referred to the Canadian Nurses Association by the Executive Secretary of that Association, asking that "Canadian nurses provide an ambulance for use in England".

3. A letter from the Registered Nurses Association of Ontario, submitting a copy of a resolution received from the Advisory Nursing Committee of the Provincial Red Cross Society, and referred to the Canadian Nurses Association, which reads as follows: "Whereas the Nursing Advisory Committee of the Ontario Division, Red Cross Society, is of the opinion that as a precautionary measure the matter of teaching regarding air-raid precautions should be given serious consideration, and whereas it might be expected that professional groups should be prepared to give leadership in this matter, it is recommended to the Executive of the Ontario Division (a) that a method be found whereby the members of this Committee may receive such teaching; (b) that teaching in air-raid precautions be added to the content of the course in home nursing".

4. A letter from Miss Jean Gunn, Toronto, with reference to preparation by this Association for assistance with Home Defence.

The following information was secured regarding the suggestions (contained in paragraphs numbered 1 and 2) with reference to a definite contribution from the Canadian Nurses Association. Information from Ottawa was sought by wire, and the cost of various units was said to be as follows:

Ambulance—cost approximately $1000.

Air Motor Craft—cost from $10.000.

Surgical Units, comprising operating table, instruments, sterilizer, etc.—cost from $500. to $1500. each.

Complete sterilizing unit—cost $4500.

Hydraulic operating table—cost $450.

In relation to the suggestions embodied in paragraphs numbered 3 and 4, respecting the teaching of air-raid precautions and home defence plans, no definite information was available.

Recommendation concerning Contribution: The Committee recommends that the Canadian Nurses Association present to the Government of Canada three Surgical Units, at a cost of $1500. each, representing a total expenditure of $4500.

Recommendation concerning Teaching in Air-Raid Precautions: The Committee recommends that the Executive Secretary be asked to secure the necessary information from the Department of National Defence and forward same to all provincial organizations with a recommendation that action be taken by them as required.

Recommendation concerning a Statement of Loyalty and Proffered Service: The Committee recommends that a letter be sent from this Meeting to the Prime Minister of Canada, reiterating our pledge of loyalty and service as contained in the letter addressed to him by our President on December 7, 1939, and expressing our realization of the greet need at this time and stating that we, as an organization, stand ready to respond to any call for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

Recommendation concerning Investments: The Committee recommends that all surplus funds of this Association be invested in War Bonds; advice in this matter to be secured by the Executive Secretary from a bank official or the Association's auditor.

Recommendation concerning Enrolment for Home Defence: The Committee recommends that this matter be referred to the Meeting of the Executive to be held on June 29, for such action as may be considered advisable.

Action by the Executive Committee

On June 29, the Executive Committee decided:

1. That each Provincial Association of Registered Nurses be requested to formulate plans for refresher courses in first aid and air raid precautions for all members of their Association. This action is to be undertaken as soon as possible.

2. That each Provincial Association, through official sources, should offer the services of nurses to Civilian Protection Committees. In making this offer, each Association should state that there are available lists of volunteer enrolled registered nurses, also that there will be prepared lists of graduate nurses not registered (married or retired) who can be of invaluable assistance in home defence schemes.

3. That the Executives of Provincial Associations offer their services to the Provincial Divisions of the Canadian Red Cross Society in selecting from the Red Cross files those persons best qualified to assist the trained personnel in different types of service.

4. That the Executive Secretary of the Canadian Nurses Association prepare a report for the Provincial Associations on the basis of discussion by the Executive Committee in meeting on June 29. (This report was prepared at once so that each Provincial Association received a copy by July 4.)

Letter to the Prime Minister

The following letter has been sent to the Prime Minister of Canada:

Sir:

At a general meeting of the Canadian Nurses Association, held in Calgary this past week, the Association went on record as reaffirming its pledge of loyalty and service to the Government of Canada.

We realize that the need is becoming increasingly great, and the demand for service more urgent. Our members stand ready to respond to any call from you, Sir, whether it be for home or overseas defence, for health or nursing service in connection with refugees, or in any other need that may arise.

We are today notifying the Minister of National Defence that the Canadian Nurses Association voted unanimously to present the Government with three Surgical Units, at a total cost of forty-five hundred dollars.

Yours very truly,

GRACE M. FAIRLEY,
President.

The Prime Minister's reply reads as follows:

Dear Miss Wilson:

I wish to acknowledge a letter of July 1, signed by yourself and Miss Grace M. Fairley, on behalf of the Canadian Nurses Association in which you bring to my attention the proceedings of a general meeting of the Association held in Calgary.

My colleagues and I very much appreciate the patriotic determination of the Canadian Nurses Association to contribute their services and resources so generously to the war effort of our country. A gift of three Surgical Units to the government is a contribution of considerable material value in the struggle in which we are engaged, but the knowledge that our citizens are making voluntary sacrifices of this character is of even greater value, since it constitutes the assurance that we shall emerge from the present struggle victorious.

Yours sincerely,
W. L. MACKENZIE KING.

Letter from the Minister of National Defence

The following letter has been received from the Minister of National Defence:
Dear Miss Wilson:

I have for acknowledgment your letter of yesterday's date, enclosing a certified cheque for $4500., representing a contribution by the Canadian Nurses Association, for the cost of three Surgical Units.

Will you please accept personally, and convey to the members of the Canadian Nurses Association the very sincere thanks of the people of Canada for this most acceptable gift.

We appreciate exceedingly this evidence of the practical patriotism of the

Canadian Nurses Association in the furtherance of Canada's participation in the war.

The value of the gift is measured not only by the material assistance which these Surgical Units will provide, but also by the evident desire of your Association to help in this gigantic task which faces us all, and by the splendid example which your action affords to all of us.

With my renewed thanks, I am,

Yours very truly,

J. L. RALSTON

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

A.A., Lamont Hospital, Lamont	$ 5.00
A.A., University of Alberta Hospital, Edmonton	5.00
Student Nurses, Royal Alexandra Hospital, Edmonton	10.00

Quebec:

Association of Graduate Nurses of the Ste. Justine Hospital, Montreal	5.00
Nursing Staff, Jewish General Hospital, Montreal	16.25
Nurses, St. Mary's Hospital, Montreal	10.00

Saskatchewan:

Saskatchewan Registered Nurses Association	26.45

Annual Meeting In Prince Edward Island

The annual meeting of the Registered Nurses Association of Prince Edward Island was held on June 11, 1940, in St. Mary's Hall, Summerside. Miss Ina G. Gillan very capably presided and about sixty nurses were present. In her presidential address, Miss Gillan reviewed the activities of the Association for the past year and Miss M. Thompson gave an interesting account of the growth of the three county hospitals in the Province. It was noted with satisfaction that eighty-five nurses had enrolled for national service thus exceeding the quota. A most encouraging report of the work of the Provincial Canadian Nurse Committee was presented by the convener, Miss B. MacKenzie, and circulation was shown to have attained a high level.

The report of the secretary was given by Miss B. MacKenzie, and that of the treasurer-registrar by Sister M. Magdalen. The activities of the various sections were reported upon as follows: nursing education, Miss A. Bennett; public health, Miss R. Ross; private duty, Miss B. M. Tweedy. The committee on legislation was reported upon by Rev. Sister Stanislaus. Dr. J. A. McPhee gave an informative address on social diseases at the close of the afternoon meeting and a highlight of the convention was the annual dinner at which Dr. J. G. Griffin gave a splendid address.

This year, a most stimulating refresher course followed the annual meeting and was held in Charlottetown. This course included a number of topics of great interest. Dr. J. G. Griffin, lecturer in psychology and psychiatry at

the University of Toronto, gave a most stimulating series of addresses on various aspects of mental hygiene in health and disease in which he laid special stress on the importance of mental hygiene in childhood. Mrs. L. A. Dignan discussed the nursing care of the mentally ill, and Dr. A. J. Murchison outlined various psychiatric problems.

Various aspects of the problem of tuberculosis were presented by the following: Dr. P. A. Creelman, medical superintendent of the Provincial Sanatorium; Miss Mona Wilson, director of public health nursing; Miss Olive Ings, Prince Edward Island Tuberculosis League; Sister St. John the Baptist, R.N.; Miss Anna Mair, superintendent P.E.I. hospital; Miss Hazel Sterns, dietitian; Miss Katharine MacLennan, supervisor of nursing Provincial Sanatorium; Miss Barbara Smith. The discussion was summarized by Dr. B. C. Keeping. An interesting play entitled "The home visit of the tuberculosis public health nurse" was presented by Miss D. Hennessey, Miss G. Aitken, and Miss S. Jay.

The election of officers resulted as follows: President, Miss Ina Gillan; vice-president, Rev. Sister St. John the Baptist; treasurer-registrar, Rev. Sister St. Magdalen; secretary, Miss Leonara Clark; chairman of the various sections: nursing education, Miss Georgie Brown; private duty, Miss Mary Devereau; public health, Miss Ruth Ross.

Our Golden Jubilee

Graduates from many parts of Canada and the United States, returned to attend the celebration of the Golden Jubilee of the Hamilton General Hospital Training School for Nurses. The Jubilee celebration commenced on Wednesday, June 5, with a scenic drive, followed by a tea at Mount Hamilton Hospital, provided through the courtesy of the Women's Auxiliary of the Hamilton General Hospital. During the afternoon, Miss Martha Watt, the able convener of the reunion committee, was presented with a watch by the Alumnae Association in appreciation of her excellent work.

In the evening, the Alumnae Association dinner was held at the Royal Connaught Hotel with over six hundred graduates present. Miss Effie Taylor, Dean of the School of Nursing of Yale University, and President of the International Council of Nurses, was the guest speaker and was introduced by Miss Isabel MacIntosh. Miss Taylor stressed that our curriculum had remained too static and suggested that the future of nursing lay in the realm of prevention and that the nurses of Canada and the United States must be equipped to lead the way. In order to do this, higher educational qualifications are needed. Hamiltonians are proud to know that Miss Effie Taylor, an outstanding leader in the nursing profession throughout the world, came originally from Hamilton, and it was here that her early resolve to become a nurse was formed.

Dr. Langrill, medical superintend-

ent of the Hamilton General Hospital from 1905 to 1939, in his toast to the Training School drew attention to the fact that the school was begun by the late Dr. Ingersoll Olmstead. He paid high tribute to all those who had added so much to the splendid tradition of a profession already noted for its devotion to service; Mrs. James Roberts gracefully responded to the toast. His Worship, the Mayor of Hamilton, extended cordial greetings, and other speakers were Dr. Miles G. Brown, medical superintendent of the Hospital; Mr. W. H. Cooper, chairman of the Board of Governors; Dr. Douglas Storms (who has practised in Hamilton since 1886) representing the Academy of Medicine; and Miss Martha Watt, general convener of arrangements.

Brief and stimulating addresses were made by Miss C. E. Brewster, the present superintendent of nurses, and by Miss Kate Madden, a previous superintendent. Both received a most enthusiastic welcome as did Miss Caroline Clark, formerly superintendent of nurses in the Mount Hamilton Hospital. Miss Grace Watson, the earliest graduate present, also spoke delightfully. A congratulatory message from the President of the Canadian Nurses Association, Miss Grace M. Fairley, was delivered by Miss Ethel Johns.

The beloved former superintendent of nurses, Miss Edith Rayside, O.B.E., R.R.C., received a tremendous ovation when she rose to speak to an applauding audience. Profoundly touched by this evidence of loyalty and affection, Miss Rayside said that the years she had spent in the Hamilton General Hospital had been the happiest in her life.

An interesting and original one-act play, entitled "A Nurse's Dream", arranged and directed by Miss Merle Watson of the Class of 1929, was presented by three graduates of the School. Miss Irene Mayall, president of the Alumnae Association, presided in a most capable manner over the proceedings of the evening.

A reception and garden party, held on the grounds of the Hamilton General Hospital, was the feature for Thursday afternoon. This was given by the Board of Governors in honour of all graduates of the School. Miss Hattie Coleman, first president of the Alumnae Association, was one of the guests of honour. Class reunion dinners were held in the evening.

Graduation was held on Friday afternoon at McMaster University and the guest speaker was the Lieutenant-Governor of Ontario, the Hon. Albert Matthews. Dr. O. W. Niemeier, and Miss Ethel Johns also brought a message to the nurses. This was the first occasion on which graduation had been held at McMaster University, and it proved a very happy innovation. In the evening, a bridge and dance was held the proceeds of which were given to the Hamilton branch of the Red Cross Society.

— ELLEN W. EWART

SPECIAL CONVENTION NUMBER

The September issue of the *Journal* will contain the full text of most of the addresses and reports presented at the Biennial Meeting of the Canadian Nurses Association in Calgary. If extra copies are desired, please notify the *Journal* immediately. The price for single copies of this special issue is thirty-five cents, including postage.

THE ROYAL COLLEGE OF NURSING

The secretary of the Royal College of Nursing, Miss Frances E. Goodall, has asked the *Journal* to convey the following message to Canadian nurses:

Might I ask you to convey through the medium of your journal, the thanks of the British nurses for the kind messages they have received from overseas. They are a great encouragement to us all in these difficult times.

The following excerpts from an account of a recent meeting of the Council of the College show how clearly and sanely our English sisters are thinking their problems through. Their steadiness in this time of crisis is characteristic of Britain.

Factory Nurses "go to it"—A great need for more industrial nurses will materialise if the task of Mr. Bevin's new Factory and Welfare Advisory Board is to be fully interpreted. This gives the Royal College of Nursing, which has long specialised in the training of such nurses, a great opportunity for national service. One of the most serious disorganising factors in industrial life is absence, due to so-called minor ailments such as the common cold, tonsilitis, and headaches. The man or woman trained only in first aid has not the experience to cope with the situation and much time could be saved if a trained nurse was available so that medical treatment could be carried out correctly at the factory, and so save unnecessary waiting in surgery or outpatient department. To meet the new need the College has submitted the following suggestions to the Factory and Welfare Advisory Board: That the College should be responsible for the recruitment of suitable nurses to industry, undertake the training of such nurses, and interview applicants on behalf of employers. It also suggests the appointment, under the Ministry of Labour, of experienced industrial nurses to act in an advisory capacity, on the lines of the superintendent health visitor, or midwife.

As a result of a recent meeting of voluntary organisations at the Ministry of Labour under Mr. Bevin's Chairmanship, a Central Consultative Committee has now been formed. This committee will function under five heads—health, juvenile, recreational, professional and general—and the College will seek representation on those sections in which its interests are specially concerned. In order to meet urgent needs the College has also indicated its willingness to arrange concentrated periods of instruction for nurses working in ordnance factories, where their services are now in great demand.

A DUAL APPOINTMENT

Through the co-operation of the Provincial Department of Health of Ontario, the School of Hygiene of the University of Toronto and the Rockefeller Foundation, there has been made possible the further development of teaching facilities for public health doctors and nurses in this Province. Dr. William Mosley has been appointed to give direction to this work and Miss Eleanor Wheler, to assist him. Miss Wheler's long experience in the rural field, as part of a strong general equipment, will facilitate the establishment and growth of a piece of work which will not only improve provincial field work facilities of both the School of Hygiene and the School of Nursing, but will bring more close ly together the medical and nursing groups. Miss Wheler's appointment will be a dual one in the School of Hygiene and the School of Nursing of the University of Toronto; she is a graduate of the School of Nursing of the University of Toronto and of the School for Nurses of the Toronto General Hospital. — F.H.M.E.

STUDENT NURSES PAGE

Nursing Care in Typhoid Fever

MARGARET MCDERMOTT
Student Nurse

School of Nursing, University of Alberta Hospital

This is the case of a twelve-year-old half-breed girl, Bessie, who was admitted to hospital because she had been at home from school on an Indian Reserve for the past six months, and was not well. For three days prior to admission she had had severe abdominal pain, the first attack being followed by a convulsion and unconsciousness. The following day she felt hungry, but vomited the food given; this was associated with "pain in the stomach". Her bowels move several times daily, but no description was obtained of the stools.

The history given by the mother was of little value; accurate accounts of the symptoms could not be obtained. She evidently did not consider the death of a son one week before of sufficient importance to report. The cause of his death was undetermined, but from the meagre description it is believed to have been pneumonia. On admission Bessie's colour was poor, lips bright red, skin hot, although she complained of being chilly. Her hands were constantly held over her abdomen and her knees were drawn up, her tongue was coated and her throat inflamed. Her temperature was 104.8°, the pulse was 124, and respirations were 24.

Bessie was admitted to a medical ward, and as her condition was undiagnosed, and because of the susceptibility of her age to communicable diseases, she was put on strict isolation precautions. During the first week, her temperature fluctuated between 105.4° and 102°, with corresponding pulse and respiratory rate. When the temperature rose above 103° and she became restless, temperature sponges were given which soothed her considerably; following these treatments her temperature dropped several degrees and she would sleep. Bessie was quite irrational at times, and attempted to get out of bed. She was nauseated and vomited frequently, and had loose involuntary defecations. In her more restful moments she complained of pain in the abdomen, and distention became more marked. Cleansing enemata were given, and by clearing the intestinal tract the distension was relieved. Special care was given to the back, as the child was very thin and there was danger of pressure sores. Care was also taken of the mouth and lips, as Bessie vomited a good deal and constantly picked at her nose and lips making them bleed. Owing to the gravity of her symptoms she was placed on the dangerously ill list, which gave special visiting privileges to her parents and the clergy.

During the next few days, several tests and treatments were performed to determine her condition. Blood was sent to the laboratory for culture and a Widal test confirmed a diagnosis of typhoid fever. Just prior to this discovery she was transferred to a room in the children's department.

The typical symptoms of typhoid vary from week to week as the disease progresses — persistent high fever with relatively high pulse rate, lassitude and malaise, diarrhoea, anorexia, abdominal pain, coated white dry tongue, confusion, restlessness, and delirium when fever runs high, rose spots on the abdomen, enlarged spleen, tympanites, abdominal tenderness, and loss of weight. Most of these symptoms were present during the first few weeks of her hospitalization, but the rose spots were not noticed; this may have been due to the swarthy skin of the Indian race. The white cell count is usually low in typhoid, with a vast increase in lymphocytes; this feature became evident as the course of the disease progressed. A urinalysis at this time showed the presence of acetone and albumin; this indicated moderate toxemia.

The diet that Bessie was given at first was high caloric fluids, and was taken very well — about 140 ounces in 24 hours. Extra care to the back became necessary as she was having frequent liquid involuntary stools, and was voiding large quantities of urine. For restlessness she was given elixir of triple bromide minims 20, in the evening, and when necessary, during the day. During the third week, signs of ulceration of the bowel became evident, she was more irritable, temperature and pulse rose rapidly, abdominal pain became severe, and she was haggard-looking. The stools were brick red at times but no mucus was found. Temperature sponges were again regular treatments, and at first she cried a great deal, thinking these to be 'Indian medicine', but with gentle persuasion she allowed the treatment to be continued. I encouraged her to count the strokes with me as I sponged, and when I did her back she became quiet, and would soon drop off to sleep for several hours.

It became increasingly difficult to persuade her to take the required nourishing fluids. She tolerated only tomato juice and milk, and for a week her diet consisted of about 20 ounces of tomato juice, and 70 ounces of milk and cream with lactose daily. She vomited a good deal and complained of headache; an ice bag at her head gave some relief. There were traces of blood in the stools at this time showing that there was considerable ulceration, the complication of which is either perforation of the bowel with resulting peritonitis, or hemorrhage due to the corrosion of blood vessels in the walls of the bowel. The signs for which we watched carefully at this time were, first — the sudden cry caused by severe pain in the abdomen, followed by a period of quietness and the onset of peritonitis, this being the picture of perforation; second — those of internal hemorrhage — rapid thin and thready pulse, rapid drop in blood pressure, sighing respiration, and ashen colour.

In the sixth week of Bessie's illness, her temperature began to drop by lysis the highest during each 24 hours being a degree or more less than the preceding day, the lowest being about normal. Her general condition showed marked improvement and she took her high caloric fluid-soft diet very well.

On Christmas Day, amid the excitement of a children's ward, Bessie gave us the first long-watched-for signs of returning to normal. She was given a beautifully dressed china doll with a complete wardrobe, which occupied much of her time and interest through-

out her convalescence. Every routine through which Bessie went, so went the doll. Gradually her temperature and pulse settled into a normal course, and, without further complications she proceeded toward recovery. It became difficult to keep her amused and happy, but we were occasionally able to read her short stories, and help her change the doll's clothes. She was allowed up in a wheelchair, took fastidious delight in her appearance, and every day she would have a bright-coloured ribbon about her coal-black hair. The other children came to her door and talked with her, and this increased her interest in her environment, and aided in her recovery.

After three specimens of stool were returned from the laboratory negative for the presence of the typhoid bacillus, Bessie was no longer considered infectious, but because she was on a children's ward, continued precautions were considered advisable until she was discharged. Because of the susceptibility of Indians to tuberculosis, Bessie was given a Mantoux test before her discharge. It was negative, which indicated that Bessie was not a tuberculosis contact. Had the test been positive, indicative of some infection, either active or dormant, further investigation would have been made to ascertain the activity of the infection.

Without further delay, Bessie was discharged. To insure that she had sufficient milk throughout her convalescence, the municipal relief department allowed an extra supply for her benefit. This department was also instrumental in providing warm clothing at her departure.

The nursing difficulties encountered during the course of this disease were the forcing of fluids, the supplying of sufficient calories to meet her needs, and the observance of the isolation technique so as to protect the other children.

WANTED

Thoroughly experienced superintendent required for a modern sixty bed hospital. All graduate staff at present, but should be able to handle training school. Salary $1380. per annum with maintenance. Duties to commence September 16, 1940. Applications stating age, experience, and references should be addressed to:

The Secretary, Prince Rupert General Hospital,
P.O. Box 219, Prince Rupert, B.C.

WANTED

A combined Laboratory and X-ray Technician. A trained nurse is preferred. Apply, stating qualifications and salary, to:

The Superintendent,
Trail-Tadanac Hospital,
Trail, British Columbia.

NEWS NOTES

ALBERTA

EDMONTON:

Edmonton General Hospital:

On June 12 the opening of the magnificent new building of the Edmonton General Hospital took place with appropriate ceremony. The Lieutenant-Governor of Alberta, Hon. J. C. Bowen, who officially opened the building was received by Rev. Sister Fortin, Mother Superior, and Rev. Sister Casey, provincial superior of the Order of the Grey Nuns. Senator Blais, chairman of the hospital medical board, and Mr. H. Martin, chairman of the advisory board, were present. The new structure combines the best features of several modern hospitals in Eastern Canada and the United States and is joined to the older sections of the hospital by tunnels. It provides accommodation for the following services: operating rooms; obstetrical department; surgical wards; and excellent accommodation for private patients.

The Alumnae Association of the School of Nursing has furnished a very comfortable private room for the use of sick nurses. The furniture is in a soft greenish gray with peach and green drapes. At the opening ceremony, Mrs. Ross McKee, president of the Alumnae Association, assisted by Miss E. Beitsch and Miss A. Mitchell, were in charge of the nurses who guided the many visitors through the hospital. The members of the Association also assisted in serving refreshments in the afternoon and evening to many of the eight thousand people who took this opportunity of inspecting the new hospital.

CALGARY:

Calgary General Hospital:

Miss Julia A. Murphy, who received her training in Saint John, New Brunswick, and who has been supervisor of the operating room at the Calgary General Hospital for over thirty years, has now retired. The many graduates of the Calgary General Hospital will always feel deeply grateful for the thorough and efficient training received under Miss Murphy's supervision. Miss Bella MacKay, who graduated from our own hospital in 1936, is her successor.

On the evening of June 27, during the Canadian Nurses Association convention, members of the Calgary General Hospital Alumnae Association were entertained at the Hospital. This afforded us all a wonderful opportunity to see the changes and improvements in the hospital and nurses' home as well as to enjoy a grand reunion.

LETHBRIDGE:

Miss Ann Fallis, instructress of nurses at the Galt Hospital, attended the C.N.A. Biennial Convention in Calgary.

Married: Recently, Miss Constance M. Haibeck to Mr. John Randolph Galt. Miss Haibeck has been a stewardess with the Trans-Canada Air Lines for the past year.

Married: Recently, Miss Margaret R. Spratt to Mr. Ralph T. Erdman.

Married: Recently, Miss N. C. N. McKinney to Mr. Tom Strain.

Married: Recently, Miss Patricia V. Campbell to Mr. Daird Conn Van Horn.

Married: Recently, Miss Hazel Elcote (Galt Hospital, 1939) to Mr. Jack Keys.

Married: Recently, Miss Helen A. Tufford to Mr. Richard W. Broderick.

MANITOBA

WINNIPEG:

Children's Hospital:

A very successful tea was held recently for which Miss Marion Smith and Mrs. A. E. Deacon were the conveners. Miss Betty Irvin is taking a post-graduate course in surgery at the Winnipeg General Hospital. Miss Jean Montgomery has accepted a position in St. Luke's Hospital, Duluth, Minn.

Married: Recently, Miss Margaret Campbell to Mr. Vernon Charles White.

Married: Recently, Miss Lorene Birt to Mr. Barry Simpson.

Married: Recently, Miss Jane Brock to Mr. T. M. Kay.

Married: Recently, Miss Anne Murray to Mr. Charles Keith Muir.

Married: Recently, Miss Reaveley James to Dr. Russell McManus.

NEW BRUNSWICK

MONCTON:

Married: Recently, Miss Laura Exelda

Richard (M.H.T.S., 1934) to Mr. John P. Bourgeois.

Married: Recently, Miss Gene Muriel Lunn (M.H.T.S., 1937) to Mr. Reginald Graham Hills.

Married: Recently, Miss Mary Christine MacMillan (M.H.T.S., 1937) to Mr. George Maynard.

SAINT JOHN:

The last regular monthly meeting of the season of the Saint John Chapter, N.B.A.R.N., was held recently at the Saint John General Hospital with the president, Miss Florence Coleman, in the chair. Miss Bernetta Vye thanked the chapter members for their co-operation during her term as registrar and extended best wishes to Miss Jane Thorne, her successor. The wool committee, of which Miss Alice Carney is convener, reported that a large number of garments had been sent to the Red Cross since the last meeting.

Miss Regina Reid and Miss Marion Fillmore were appointed delegates to the annual meeting which is to be held in Moncton in September.

Miss Margaret Murdoch, convener of the nominating committee, read the slate of officers prepared by the committee for the annual meeting. Following the business session, Miss Edna McQuade gave an interesting talk on general nutrition.

At the close of the meeting a silver entrée dish was presented to Miss Bernetta Vye, retiring registrar, whose marriage is taking place shortly.

Saint John General Hospital:

The Saint John General Hospital School of Nursing's fiftieth class of forty-three nurses graduated recently with impressive exercises. Dr. E. C. Menzies, superintendent of the provincial hospital, and Dr. H. A. Cody addressed the graduating class, following congratulations by Dr. W. W. White, chairman of the hospital board. Archdeacon Cody led the graduates in repeating the Florence Nightingale pledge. Diplomas were presented by Dr. White and the graduates received their pins from Miss Margaret Murdoch, superintendent of nurses. Following the exercises a reception was held in the nurses residence.

The Alumnae Association recently entertained the Class of 1940 at a dinner, dance, and bridge.

Married: Recently, Miss Bernetta J. Vye (S.J.G.H., 1927) to Mr. R. L. Corbett.

Married: Recently, Miss Greta Muriel Stanley (S.J.G.H.) to Mr. Carl Robert Mealey.

Married: Recently, Miss Elva White (S.J.G.H., 1929) to Captain Matthew W. Garnett.

Married: Recently, Miss Doris Wolfe (S.J.G.H., 1939) to Mr. John Wilson.

St. Joseph's Hospital:

St. Joseph's Hospital training school for nurses recently held their graduating exercises when a class of sixteen received their diplomas from His Excellency, Most Rev. P. A. Bray, C.J.M., Bishop of Saint John. Councillor E. R. W. Ingraham, representing the Mayor, extended congratulations from the citizens, and R. G. McInerney, M.L.A., addressed the graduating class. Dr. Nugent led the graduates in repeating the Florence Nightingale pledge. The Class of 1940 was entertained by the Alumnae Association at dinner.

ST. STEPHEN:

At a recent meeting of the local chapter, N.B.A.R.N., held at the home of the president, Miss Aldana Leland, it was decided that the sum of $1000. be collected by the nurses to be used for Red Cross Hospital supplies and equipment. Each member of the Association is to collect $25. if possible.

At the close of the meeting a vote of thanks was extended to Miss Leland for her hospitality and delicious supper.

Miss Betty Paul and Miss Jennie Babis, staff nurses of the Grace Hospital, Cleveland, are enjoying vacations here.

Miss Gertrude McCulloch, assistant superintendent, Chipman Memorial Hospital, is spending her vacation in Western Canada.

Chipman Memorial Hospital:

At the annual meeting, the following officers were recently elected to serve during the coming year by the Alumnae Association of the Chipman Memorial Hospital: President, Mrs. Merle Gibson; first vice-president, Miss Estelle Gibbon; second vice-president, Miss Myrtle Dunbar; secretary, Miss Aldana Leland; treasurer, Mrs. Cedric Dinsmore; directors: Miss Annie Spinney, Mrs. George Clayland, Miss Myrtle Dunbar, Miss Florence Cunningham; committees: entertainment: Miss Myrtle Dunbar, Mrs. Harry Short, Miss Estelle Gibbon; visiting: Miss C. M. Boyd, Mrs. Charles Anderson; refreshment: Mrs. C. F. McGarrity, Miss E. Gibbon; nominating, Miss C. Boyd.

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REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 17th, 18th, and 19th, 1940.

Names of Candidates for this examination must be in the office of the Registrar not later than August 17th, 1940.

Full particulars may be obtained from:

HELEN RANDAL, R.N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 28th, 29th, and 30th, 1940.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30th, 1940.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 9th, 1940.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

ONTARIO

District 1

London:

St. Joseph's Hospital:

This year marks the Golden Jubilee of St. Joseph's Hospital, London, Ontario. This Hospital, which now has a capacity of 325 beds, was opened in the year 1890, then having a capacity of only 25 beds. Between the years 1892 and 1931 the Hospital was enlarged to its present capacity with the addition of new operating rooms, obstetrical and pediatric departments, diet kitchen, nurses' dining room, and laboratory facilities. There is also a spacious Chapel seating two hundred.

In 1938 the new X-ray department was added and is now recognized as one of the best in Western Ontario. In addition there are physiotherapy, electrocardiography, and out-patient departments. The nurses residence, which was built in 1927, stands four storeys high, and has 92 single bedrooms with running water. On the main floor there is a spacious reception room, furnished by the Alumnae Association, a library, the office of the directress of nurses, two well-lighted classrooms, and a demonstration room. The basement contains a diet kitchen, auditorium, well-equipped science laboratory, and a recreation room. In 1939, the Alumnae Association re-decorated and furnished the graduate nurses dressing room which is also housed in the basement. The comfort of the students has been taken care of by the provision of several baths and showers on each floor.

To celebrate this Jubilee the Alumnae Association arranged a re-union from June 24 to 26 of all the graduate nurses. To commemorate this event, special committees were appointed to provide entertainment as well as the billeting of the out-of-town guests.

On Monday, June 24, a dance and banquet was held to honour the Class of 1940, and to commemorate the Golden Jubilee. Representatives from the medical profession were honoured guests as well as representatives from Victoria Hospital, Ontario Hospital, Queen Alexandra Sanatorium, and Western University with which the Hospital is affiliated. Dr. C. C. Ross, whose subject was "After Fifty Years", was the guest speaker of the evening.

On June 25, a special Mass was held in the Hospital Chapel for the graduates and Sisters, following which the nurses were the guests of the Sisters of the Hospital at breakfast. In the afternoon, a garden tea was held on the spacious grounds of the Hospital. In the evening all the graduates up to and including the year 1930, attended

a dinner held in their honour at the Highland Country Club. On Wednesday afternoon a picnic on the grounds of Mount St. Joseph terminated this gala event.

The School boasts 820 graduates in all, and more than 300 attended the re-union, some coming from San Diego, California; New York; several from Detroit and Pontiac, Michigan; and many from Toronto and Ottawa.

SARNIA:

The Alumnae Association of the Sarnia General Hospital recently entertained the graduating class of 1940 and the ex-graduates to an informal dinner. Mrs. Mary Elrick, acting as mistress of ceremonies, introduced the Class of 1940. A toast to the King was given by Miss Bessie McFarlande and the toast to His Majesties Forces was given by Miss O'Malley. The toast to the Alma Mater was given by Mrs. I. Walker, to which Miss Myrtle Thompson replied. The toast to the Alumnae Association was given by Miss McPhedran, to which Miss MacLean, president of the Alumnae Association, replied.

Miss Shaw, superintendent of nurses, addressed the graduating class, and Miss Durant, of the Class of 1940, responded. Messages were read from absent members, and the marriages were read by Miss Violet Parker.

Following the dinner the student body of the Sarnia General Hospital entertained the graduating class at an informal dance.

Married: Recently, Miss Bernice Sutherland (S.G.H., 1937) to Mr. Don Austen.

DISTRICT 5

TORONTO:

Toronto East General Hospital:

The graduation exercises of the Toronto East General Hospital were held recently, with Mr. W. S. Giles presiding. The graduating class was presented by Miss Ella MacLean, superintendent of nurses. The class, of which there were fifteen, was addressed by Lieut. Col. George A. Drew.

Prizes and scholarships were won by Miss Katie Beaton, Miss Amy Watts, Miss Dorothy Golden, Miss Mary Strongitharm, Miss Mary Davison, Miss Margaret Purvis, and were presented by Mr. Joseph Harus, M.P. Following the graduation exercises a delightful reception was held on the hospital grounds.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Evelyn Pepper, Miss Dorothy Dent,

New Editions

Brookes & Castile—Textbook of Surgical Nursing,
2nd Ed. 663 pages; 235 illus. $4.00
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4th Ed. 551 pages; illustrated. $3.25
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3rd Ed. 365 pages; illustrated. $3.35

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Montreal.

and Miss Ida Burkholder have recently been appointed as Nursing Sisters with the R.C.A.M.C.

Married: Recently, Miss Mavis Moore (O.C.H., 1939) to Mr. Dalton Mackey.

Married: Recently, Miss Gwendolyn Church (O.C.H., 1939) to Mr. Russell Berndt.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Martha Batson, and Miss Agnes Tennant attended the biennial meeting of the C.N.A. which was held recently in Calgary.

Miss Isobel McConnel (M.G.H., 1925) who is engaged in the Presbyterian Mission Hospital in Jobat, India, is at present in Canada enjoying a well-earned furlough.

Mrs. Lawrence Fisher is in charge of the voluntary groups at the Central and Western Divisions which are actively engaged in making dressings for the Red Cross.

Married: Recently, Miss Jean Robertson (M.G.H., 1939) to Mr. John Dunfield.

Married: Recently, Miss Irene Parker (M.G.H., 1930) to Dr. Phillip Rowe.

QUEBEC:

Jeffery Hale's Hospital:

The graduation exercises took place recently in the nurses residence. The prize for general proficiency was won both by Miss Warren and Miss E. Taylor. The Rev. Hesketh was the speaker, the pins being presented by Mrs. R. Strang, and the diplomas by Mr. J. T. Ross.

The Alumnae Association entertained the graduating class at dinner, the speaker being Miss J. Macdiarmid. The graduating exercises closed with a dance the following evening.

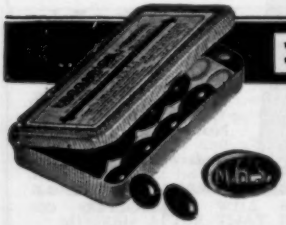
A tea was given by Miss N. Mackenzie, and a crystal shower by Miss Lunam in honour of Miss D. Anderson, instructress of nurses, who has resigned from the staff to be married.

Miss Margaret Green (J.H.H., 1935) has been called to military service at Cogswell St. Military Hospital, Halifax, N.S.

Married: Recently, Miss F. Ascah (J.H.H., 1919) to Mr. E. Horner.

Married: Recently, Miss M. MacQuarrie (J.H.H., 1940) to Mr. Clifford Thorn.

Married: Recently, Miss M. Elliott (J.H.H., 1938) to Mr. H. Feeney.



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Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association:*** **(2)** ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, Private Duty Section.***

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Florence J. Thomas, 617-14th St. S., Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

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Councillors: **Alberta:** Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, Ste. 9, Greysolon Apts., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss H. Macdonald, 21 Queen St., Sydney. **Ontario:** Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island:** Miss Ruth Ross, Summerside. **Quebec:** Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss M. E. Pierce, Wolseley.

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Manitoba Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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